

Report of Education and/or Experience *Please print or type*

APPLICANT NAME: _____
LAST / FAMILY FIRST MI

Section A: Report of Full-Time Work Experience

The experience requirement must be completely satisfied prior to the application deadline date, not the start of the testing windows, and prior to submitting this form. Applicants who do not list the required experience will be determined ineligible. List cash/treasury management/finance/accounting experience, with most recent experience first; use additional pages as needed. The information provided below will be reviewed carefully to determine eligibility. Therefore, please fully complete this section and be brief, yet descriptive of your job responsibilities. Your signature is required on page 2 of Form II to certify that the information provided is true, complete and correct to the best of your knowledge. AFP reserves the right to contact your supervisors to confirm the information provided.

DATE RANGE	FROM (MM/YYYY)	TO (MM/YYYY)	
POSITION TITLE			
ORGANIZATION	NAME	CITY	STATE/PROV
SUPERVISOR	NAME	POSITION TITLE	EMAIL
DESCRIPTION OF DUTIES			
DATE RANGE	FROM (MM/YYYY)	TO (MM/YYYY)	
POSITION TITLE			
ORGANIZATION	NAME	CITY	STATE/PROV
SUPERVISOR	NAME	POSITION TITLE	EMAIL
DESCRIPTION OF DUTIES			
DATE RANGE	FROM (MM/YYYY)	TO (MM/YYYY)	
POSITION TITLE			
ORGANIZATION	NAME	CITY	STATE/PROV
SUPERVISOR	NAME	POSITION TITLE	EMAIL
DESCRIPTION OF DUTIES			
DATE RANGE	FROM (MM/YYYY)	TO (MM/YYYY)	
POSITION TITLE			
ORGANIZATION	NAME	CITY	STATE/PROV
SUPERVISOR	NAME	POSITION TITLE	EMAIL
DESCRIPTION OF DUTIES			

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APPLICANT NAME: _____
LAST FIRST MI

Section B: Report of Education

To be completed by applicants who have earned a graduate business, finance or accountancy degree and will report only one year of relevant full-time work experience.

Candidates who are substituting a Graduate or Masters degree in business, finance or accountancy for one year of work experience must submit a copy of their graduate degree or transcript. It is your responsibility to ensure that your degree or transcript is received by AFP by the application deadline shown on the registration form. Your application is not complete until it has been received.

Reminder: Transcripts for undergraduate degrees are not required. Please do not send.

NAME OF COLLEGE/UNIVERSITY: _____

DEGREE EARNED: _____

GRADUATION DATE (Month/Year): _____

COLLEGE/UNIVERSITY ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____

Three ways to submit the completed forms with payment to AFP :

1. Fax: +1 301.907.2864

2. Mail to:

AFP

CTP Examination

4520 East-West Highway, Suite 750

Bethesda, MD 20814-3319 USA

3. Scan and email to CTP@CTPcert.org

You will receive an email notification upon AFP's receipt of your completed forms and payment.

By signing and submitting this form, I accept the conditions set forth in the *CTP Exam Rules and Regulations* (www.CTPcert.org/RulesRegs). I understand that I am subject to all policies concerning cancellations, refunds, transfers, deferrals, administration of the test, reporting of test scores and the complete certification process and policies including the CTP recertification process (www.AFPonline.org/RecertGuidelines).

I certify that I have read and will abide by the Association for Financial Professionals' Standards of Ethical Conduct (go to www.CTPcert.org/Ethics). I authorize the Association for Financial Professionals to make inquiries concerning my employment and/or educational history and understand that any false statements made on this application will constitute a violation for which my application may be cancelled or my certification may be revoked. I certify that the information contained in Forms I and II of this application is true, complete and correct to the best of my knowledge and is made in good faith.

SIGNATURE: _____ DATE: _____

Your signature is required.