

ASFPM CFM[®] RETAKE APPLICATION

_____ *Mr./ Ms. (Circle)*
Last Name First Middle Initial

Email: _____ Date of Birth _____

Phone: _____ Employer: _____

Home Address: _____

Signature: _____
Required

Location and Date of Exam applying for: _____

FEES:

***Re-examination Fee \$ 50**

_____ Check enclosed _____ VISA or MasterCard _____ Purchase Order

Check or Purchase Order Number _____

PAYMENT AMOUNT TOTAL \$ _____

Card # _____ Expiration Date _____ CCV # _____

Card Holder's Name _____ Cardholders Zip Code _____

SIGNATURE _____

Retake exam fee only applies within 12 months of initial exam or at the next national conference, whichever is later. Otherwise, applicant must re-submit original application and original fees.

When an applicant cancels from a scheduled exam, with at least two weeks notice to the ASFPM Executive Office, he/she will receive a 50% refund. No refund will be given if the cancellation occurs with less than two weeks notice. Rescheduling to a future exam site and date is acceptable with no penalty within one year.

Mail to: ASFPM, 2809 Fish Hatchery Road, Suite 204, Madison, WI 53713
Phone: 608-274-0123 Fax: 608-274-0696