

# 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, 575 D'Onofrio Drive, Suite 200, Madison, WI 53719**  
**Phone: 608-828-3000 Fax: 608-828-6319**