



ASFPM DIGITAL CFM® EXAM
Accredited Chapter Candidate Application
ASFPM Certified Floodplain Manager (CFM®) Program



Mr. Ms.

Last Name First Middle Initial (must match name on government issued ID)

Email: _____ Date of Birth: _____

Daytime Phone: _____ Employer: _____

Home Address: _____

Initial Exam: Retake: Type/location of exam: Scantron Testing Facility Online

Date: _____

Applicant Signature _____

DIGITAL EXAM FEE..... \$ 85 Credit Card Check enclosed Purchase Order

Check or PO number: _____

PAYMENT AMOUNT TOTAL: \$ _____

Card #: _____ Exp date: _____ CCV: _____

Cardholder's Name: _____ Cardholder's Zipcode: _____

Signature: _____

1. Registration is not complete until all fees are received by ASFPM. Exam applications with purchase order will not be finalized until actual fees are received. Upon receipt of all exam fees, ASFPM will submit registration information to Scantron for subsequent processing.
2. Upon receipt of registration information from ASFPM, Scantron will contact candidates via email to schedule the exam.
3. Exam eligibility will expire one year from the date of registration and any unscheduled exam request will be terminated.
4. No refunds will be provided after fees are processed and received by ASFPM.
5. Additional fees may be required by Scantron to cancel or reschedule an exam.

Mail to: ASFPM, 8301 Excelsior Dr., Madison, WI 53717

or send via email to: cfmexam@floods.org

Phone: 608-828-3000 Fax: 608-828-6319