

CFM®EXAM - Retake Only Accredited Chapter Application



				Mr.	Ms.
Last Name	First	Middle Initial	(must match name on government issued ID)		
Email:			Date of Birth:		
Daytime Phone:			Employer:		
Home Address:					
Signature:				ADA Accom	modation Needed
Exam Details:	Online Exam:		Meazure Learning Exam Facility:		
Exam Event (confere	ence/workshop):	Event Location & Date:		
FEES: Re-examination Fee \$ 85					
Check enclosed	Credit Card	Pi	urchase Order		
Check or PO number:					
PAYMENT AMOUNT TOTAL: \$					
Card #:			Exp date:	CCV:	
Cardholder's Name:	e: Cardholder's Zipcode:				
Signature:					
Retake exam fee only applies within 12 months of initial exam. Otherwise, applicant must re-submit original application and original fees.					
 Registration is not complete until all fees are received by ASFPM. Payments made by purchase order will be held until actual fees are received. Exam scheduling will not proceed until fees are received by ASFPM. 					
2. Upon receipt of registration information from ASFPM, Meazure Learning will contact candidates via email to schedule the exam					
 Exam eligibility will expire one year from the date of registration and any unscheduled exam request will be terminated. No refunds will be provided after fees are processed and received by ASFPM. 					
4. No refutius will be provided aller lees are processed and received by ASEFIVI.					

5. Additional fees may be required by Meazure Learning 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