

Deferral Request

FPAC™ Examination



CERTIFIED CORPORATE
FINANCIAL PLANNING &
ANALYSIS PROFESSIONAL

Submit your deferral request to AFP via fax at +1 301.907.2864 or by email to FPACert@AFPonline.org.

- Deferrals are granted to the next test window only.
- Only one deferral per part will be permitted per new enrollment registration.
- You must contact Pearson VUE at least one full business day (24 hours) prior to your scheduled appointment to cancel your exam appointment(s). For Pearson VUE contact information, please visit www.pearsonvue.com/afp. Failure to cancel a scheduled appointment(s) will result in a \$100 no show penalty fee per exam part.

FPAC Examination Window	Deferral To	Deferral Deadline
August 1 - September 30, 2021 (2021B)	February 1 - March 31, 2022 (2022A)	September 30, 2021

Please print or type

- AFP ID #: _____ AFP MEMBER? YES NO
- NAME: MR. MS. MRS. DR. _____
LAST FIRST MI
- TITLE: _____
- ORGANIZATION: _____
- MAILING ADDRESS PREFERENCE (HOME BUSINESS)
- BUSINESS ADDRESS: _____
CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
HOME ADDRESS: _____
CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
- PHONE: _____
E-MAIL: _____
- REASON FOR DEFERRAL *Deferrals are granted under special circumstances only.*

PLEASE ATTACH SUPPORTING DOCUMENTATION. Your request will not be processed without this information.

9. PLEASE SELECT: DEFER EXAM PART I DEFER EXAM PART II

By signing and submitting this deferral request form, I accept the conditions set forth in the rules and regulations of the FPAC Examination (www.FPACert.org/rules). I understand that I am subject to all policies concerning cancellations, refunds, deferrals, administration of the test, reporting of test scores and the complete certification process and policies including the FPAC recertification process.

I certify that I have read and will abide by the Association for Financial Professionals' Standards of Ethical Conduct (www.AFPonline.org/ethics). Any false statements made on this application will constitute a violation for which my certification may be revoked. I certify that the information contained in this application is true, complete and correct to the best of my knowledge and is made in good faith.

SIGNATURE: _____ DATE: _____

ALL DEFERRAL REQUESTS MUST BE SIGNED BY CANDIDATE. THIRD-PARTY REQUESTS WILL NOT BE ACCEPTED.

Please direct all inquiries to the certification department at +1.301.907.2862 or by email to FPACert@AFPonline.org.