

Please read the recertification program guidelines before completing this application. Fill out all information as completely as possible. Supporting documents for each recertification credit must be available should your application be audited. Please type or print all information. All applications must be accompanied by the appropriate fee. For payment by credit card, please complete the appropriate section on the back of the application.

AFE Certification is valid for three years and must be maintained to use the certification name and designation. Once approved, allow 4 to 6 weeks to receive a new certificate and wallet card.

FEES: \$195 for AFE members; \$295 for non-members. LATE FEE: \$50 (within 12 months after expiration). All fees are non-refundable.



Check One CPE



CPMM



CPS

Personal Data

AFE Member Number: _____ Certificate Number: _____

Date of Original Certification: _____ Date of Most Recent Certification: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip+4: _____

Country: _____ Phone: _____

Company Name: _____

Title: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Preferred Mailing Address: Company Home

Employment since Last Verification

Credits Claimed _____

Please complete the following in chronological order. If you have changed positions, give a brief description of your new position.

Employer	Location	Title/Function	Dates	
			Give Month & Year	
			From:	To:
			From:	To:
			From:	To:

New Position Description: _____



Please note that documented proof of any claim is not required at time of submission but you should keep a complete record and a copy of this form for verification in the event of a future audit of eligibility. Attach additional sheets for more credits or explanations.

Credits Claimed in the 4 areas: _____

Educational Activities

Program Title	Provider/Institution	Dates <small>Give Month & Year</small>	Hours	CEU Credits

Professional Presentations and Instructional Activities

Presentation Title	Program/Provider	Dates <small>Give Month & Year</small>	Hours	CEU Credits

Published Books and Articles

Book/Article Title	Publisher/Journal	Dates <small>Give Month & Year</small>	CEU Credits

AFE Leadership/Other Activities

Office Held/Activity Title	Organization/Provider	Dates <small>Give Month & Year</small>	Hours	CEU Credits

I hereby attest that the information above is correct and complete and that I will abide by the AFE Code of Ethics and Rules of Certification.

Signature: _____ Date: _____

Payment Information

Payment Enclosed: \$ _____ Check # _____ (Make checks payable to: AFE)

Bill my credit card (\$195 for members and \$295 for non-members).

Charge \$ _____ to my VISA MASTERCARD American Express

Account Number: _____ Exp. Date: _____

Signature of Cardholder: _____ Date: _____