

Certification Renewal Form

Please read the renewal program guidelines before completing this application. Fill out all information as completely as possible. Supporting documents for each certification renewal credit must be available, should your application be audited. 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. Members have the option to pay online at www.AFE.org or you can call the office with your credit card information.

AFE Certification renewal 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: \$198 for Members and \$298 for Non-members

LATE FEE: \$50 (within 12 months after expiration).

All fees are non-refundable.

Check One:



CPE



CPMM



CPS

Personal Data (please type or print legibly)

Mr. Mrs. Ms. Name _____ DOB: _____

AFE Member ID#: _____ Certificate Number: _____

Employer _____ Title _____

Employer Address

City _____ State _____ Zip _____

Work Phone _____ Cell _____ Fax _____

Home Address

City _____ State _____ Zip _____

Home Phone _____ Email _____

Preferred Mailing Address Home Company

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 (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.

Educational Activities

Program Title	Provider/Institution	Dates (month & year)	Hours	CEU Credits

Professional Presentations and Instructional Activities

Presentation Title	Program/Provider	Dates (month & year)	Hours	CEU Credits

AFE Leadership/Other Activities

Office Held/Activity Title	Program/Provider	Dates (month & year)	Hours	CEU Credits

Published Books/Articles

Title	Publisher/Journal	Dates (month & year)	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 *(please select one payment option)*

A check is enclosed for \$ _____ PO# _____

Credit Card: AMEX MC VISA Discover

Account # _____ Expiration date _____ CVC: _____

Name on Card _____ Signature _____