

# 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](http://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



CPS en Español

**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 \_\_\_\_\_