I. PERSONAL INFORMATION
(Type or Print Name as you would want it to appear on certificate)

Name:

(Last)                                          (First)                                          (MI)                                          (Mr./Mrs./Ms./Miss)

_____________________________________________________________

(Current Position/Title)

_____________________________________________________________

(Organization)

Preferred Mailing Address: Is this your ☐ Home or ☐ Office
(Note: This is the address where score reports and other program information will be sent. You may want to use your home address for reasons of confidentiality.)

(Number and street name or P. O. Box number) (Suite or Apartment)

(City)                                                       (State or Province)                           (Postal or Zip Code)

Alternate Mailing Address: Is this your ☐ Home or ☐ Office

(Number and street name or P. O. Box number) (Suite or Apartment)

(City)                                                       (State or Province)

Daytime Phone: (     )  _____ -  _____________    Home Phone: (     )  _____ -  _____________

Fax: (     )  _____ -  _____________    E-Mail Address: __________________________ (Admission tickets sent via email)

Date of Birth: _________ / _________ / _________

Are you a GFOA Member? ☐ Yes, member # _________ ☐ No, please send membership information

College or University from which you graduated: _____________________________

Date of graduation: ______________    City/State: _____________________________

Highest Degree Attained: ☐ Bachelor’s ☐ Master’s ☐ Doctorate ☐ Other _____________________________
II. EXAMS – Indicate the exam(s) and time(s) you are applying for. You may take up to two exams a day, one in the A.M. time slot, 8:30-12:00 and one in the P.M. time slot, 1:30-5:00. All 5 exams are offered in both the A.M. and the P.M. time slots unless otherwise indicated.

Exam Location: ________________________
Exam Date: ________________

____ Governmental Accounting, Auditing and Financial Reporting _____ A.M. _____ P.M.
____ Debt Management _____ A.M. _____ P.M.
____ Operating and Capital Budgeting _____ A.M. _____ P.M.
____ Treasury and Investment Management _____ A.M. _____ P.M.
____ Retirement & Benefits, Risk Management and Procurement _____ A.M. _____ P.M.

III. EXAMINATION FEES

_____ $295 for the first examination in the CPFO program
_____ $145 for each subsequent examination

Total Amount to Charge $ ______________

The examination fee is payable in U.S. dollars by check, money order, MasterCard® or Visa® credit card. Please indicate method of payment below.

_____ Check enclosed (Payable to Radford University) Charge to:

_____ MasterCard®
_____ Visa®

_____ Money order enclosed

Card number: __________________________________________
Expiration date: _____ / _____

Security Code: _____

The examination fee and documentation of eligibility should be mailed with this application to:

Governmental & Nonprofit Assistance Center
P.O. Box 6953 Radford University
Radford, VA. 24142

IV. CANCELLATION AND TRANSFER POLICY

Cancel or transfer four (4) weeks or more prior to exam = $50 fee per exam
Cancel or transfer less than four (4) weeks before exam = $75 fee per exam
Register or transfer location after application deadline = $50 fee
No show/fail to appear for assigned exam(s) – NO REFUND

The application, documentation and payment must be submitted at the same time. An application that is incomplete, incorrect, illegible or missing documentation will be returned.
I, the undersigned, certify that the information I have provided is correct. I have read the Candidate’s Guide and agree to abide by regulations contained therein. I attest to my meeting eligibility requirements for participation in the GFOA Certification Program as described in the Candidate’s Guide.

I understand that the CPFO designation will be revoked if an individual is convicted as an adult of a felony or misdemeanor including fraud, theft, breach of fiduciary responsibility, or legal malfeasance.

Signature: ___________________________ Date: ____/____/____

V. CHECKLIST BEFORE MAILING

NOTE: If you have already taken at least one exam in the series, you need NOT submit another transcript. Please provide current personal information in section one (I) and update employer and title/position information on page 4 (Work History Form) of this application.

___ Complete all four pages of this application.

___ Sign this application.

___ Attach an official copy of your college/university transcript indicating receipt of at least a baccalaureate degree from an accredited institution. A candidate-produced photocopy is not acceptable.

___ Attach the completed “Work History Form (page 4)” indicating at least three years of government work experience during the past ten years.

___ Enclose a check, money order or indicate payment by credit card.

___ Mail all materials to the address indicated on page 2.

It is the candidate’s responsibility to establish proof of delivery of application to GFOA. Confirmations, via email, will be sent upon receipt of application. If you are mailing your application less than 5 days before the deadline, it is suggested that you use certified mail or other traceable form of delivery.
CPFO CERTIFICATION EXAMINATION - WORK HISTORY FORM

Please use this form to complete your government work experience. Once all five examinations have been successfully completed, a candidate must meet the following work experience: At least three (3) years of primary government employment during the last ten years. Only full-time permanent positions should be entered. List positions in chronological order, beginning with your current or most recent government position.

(Please Type or Print)

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Attach this completed form to your “Application for CPFO Certification Examination”