



## Certified Public Finance Officer Program

**Application for CPFO 2019**  
**Certification Examination – ONLINE TESTING**  
 Spring    Summer    Fall  
**Continuing Candidate**

Please Type or Print Clearly

### 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)

**Daytime Phone:** (     ) \_\_\_\_\_ - \_\_\_\_\_

**Home Phone:**    (     ) \_\_\_\_\_ - \_\_\_\_\_

**Fax:**                (     ) \_\_\_\_\_ - \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **(Admission tickets sent via email)**

**Date of Birth:**        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**II. EXAMS – Indicate the exam(s) and test term(s) you are applying for below. Your application must be received by the GNAC at least 2 weeks prior to the date you would like to test to allow for processing. You will finalize your specific test date with Proctor U. Once your application is processed you will receive a confirmation email with further instructions.**

**\*\*Please carefully review the checklist on the next page prior to sending in your application as there is important information related to the required technical requirements for online testing.\*\***

**Exam Terms:**

**Spring: February – April**

**Summer: May – August**

**Fall: September – November**

- |  |                                 |                                 |                               |
|--|---------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Governmental Accounting, Auditing and Financial Reporting | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Debt Management   | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Operating and Capital Budgeting                           | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Treasury and Investment Management                        | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Retirement & Benefits, Risk Management and Procurement    | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |

**III. EXAMINATION FEES**

- \$295 for the first examination in the CPFO program**
- \$145 for each subsequent examination**
- \$40 (per exam) online examination fee**

**Total Amount to Charge \$ \_\_\_\_\_**

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

- Check enclosed (*Payable to Radford University*)
- Money order enclosed
- Charge to:
  - MasterCard®
  - Visa®
  - Discover®

**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  
 Fax: 540-831-7996

**III. CANCELLATION AND TRANSFER POLICY**

Cancel or transfer to another testing term = \$50 fee per exam  
 Register less than 2 weeks prior to test date = \$50 fee

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### IV. 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.
- Review the ProctorU *Technical Requirements* pdf (located at [www.gfoa.org](http://www.gfoa.org) )
- Review the ProctorU *Help Desk* pdf (located at [www.gfoa.org](http://www.gfoa.org))
- Review the *CPFO Online Testing Overview* (located at [www.gfoa.org](http://www.gfoa.org))
- Sign this application.
- 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)*

<b>Position/Title</b>	<b>Government Employer</b>	<b>From (Month/Year)</b>	<b>To (Month/Year)</b>
_____	_____	____/____	____/____
_____	_____	____/____	____/____
_____	_____	____/____	____/____
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_____	_____	____/____	____/____

**Attach this completed form to your "Application for CPFO Certification Examination"**