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)                       (Postal or Zip Code)

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

Fax: (  ) _______ - _____________   E-Mail Address: ____________________________________________

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.

<table>
<thead>
<tr>
<th>Exam Location: ___________________________</th>
<th>Exam Date: ________________</th>
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<tr>
<td>_____ Governmental Accounting, Auditing and Financial Reporting</td>
<td>_____ A.M. _____ P.M.</td>
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<td>_____ Debt Management</td>
<td>_____ A.M. _____ P.M.</td>
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<tr>
<td>_____ Operating and Capital Budgeting</td>
<td>_____ A.M. _____ P.M.</td>
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<tr>
<td>_____ Treasury and Investment Management</td>
<td>_____ A.M. _____ P.M.</td>
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<tr>
<td>Retirement &amp; Benefits, Risk Management and Procurement</td>
<td>_____ A.M. _____ P.M.</td>
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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

Four (4) weeks or more prior to exam = $50 Processing fee per exam
Three (3) weeks or less prior to exam = $75 Processing fee per exam
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.

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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<thead>
<tr>
<th>Position/Title</th>
<th>Government Employer</th>
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<th>To (Month/Year)</th>
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Attach this completed form to your “Application for CPFO Certification Examination”