



**Application for CPFO Fall 2010
Certification Examination**



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)

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: _____
 (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.

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.

___ Cash Management & Investments _____ A.M. _____ P.M.

___ Pensions & Benefits, Risk Management and Procurement _____ A.M. _____ P.M.

III. EXAMINATION FEES

___ **\$295 for the first examination in the CPFO program Total Amount to Charge \$** _____

___ **\$145 for each subsequent examination**

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:

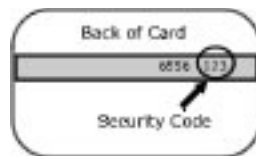
___ MasterCard®

___ Money order enclosed

___ Visa®

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 FOR CPFO EXAM

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.

GFOA CERTIFICATION EXAMINATION - WORK HISTORY FORM

Use this form to report 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)

Position/Title	Government Employer	From (Month/Year)	To (Month/Year)
_____		___ / ___	___ / ___
_____		___ / ___	___ / ___
_____		___ / ___	___ / ___
_____		___ / ___	___ / ___
_____		___ / ___	___ / ___
_____		___ / ___	___ / ___
_____		___ / ___	___ / ___
_____		___ / ___	___ / ___
_____		___ / ___	___ / ___
_____		___ / ___	___ / ___

Attach this completed form to your "Application for GFOA Certification Examination"