

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 and payment must be submitted at the same time. An application that is incomplete, incorrect, illegible or missing documentation will be returned.

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.

___ 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** Total Amount to Charge \$ _____

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

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

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

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: _____

IV. CPFO 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 CPFO Certification Examination"