



ASFPM DIGITAL CFM® EXAM
Accredited Chapter Candidate Application
ASFPM Certified Floodplain Manager (CFM®) Program



Mr. Ms.

Last Name First Middle Initial (must match name on government issued ID)

Email: Date of Birth:

Daytime Phone: Employer:

Home Address:

Initial Exam: Retake: Type of exam: Measure Learning Testing Facility Online

Exam Event (conference/workshop): Exam Event Location & Date):

.....

Accredited Chapter Representative

Exam Applicant

Signed:

Signed:

Printed Name:

Printed Name:

.....

NATIONAL EXAM FEE..... \$ 85

Credit Card

Check enclosed

Purchase Order

Check or PO number:

PAYMENT AMOUNT TOTAL: \$

Card #:

Exp date:

CCV:

Cardholder's Name:

Cardholder's Zipcode:

Signature:

.....

1. Registration is not complete until all fees are received by ASFPM. Exam applications with purchase order will not be finalized until actual fees are received. Upon receipt of all exam fees, ASFPM will allow the candidate to proceed with exam scheduling.
2. Exam eligibility will expire one year from the date of registration and any unscheduled exam request will be terminated.
3. No refunds will be provided after fees are processed and received by ASFPM.
4. Additional fees may be required by Measure Learning to cancel or reschedule an exam.

Mail to: ASFPM, 8301 Excelsior Dr., Madison, WI 53717

or send via email to: cfmexam@floods.org

Phone: 608-828-3000 Fax: 608-828-6319