

IFPS Certification Test Reschedule Form

IFPS, P.O. Box 1420, Cherry Hill, NJ 08034-0054 • Phone: (856) 489-8983 • FAX: (856) 424-9248

Test Reschedule Fees

This fee applies to a request to reschedule, if IFPS is notified after the application deadline date. Please note, the reschedule fee must be paid and this form must be received by the original test date.

Non-Member / Member\$40.00

Student.....\$20.00

Please Print

Date: _____

Name: _____

Company: _____

Day Telephone: _____

I am / was scheduled to take a Certification Test:

Date: _____

Location: _____

City, State, Zip: _____

I am requesting a change to (Please refer to the test schedule for application deadline dates):

Date: _____

Location: _____

City, State, Zip: _____

OR

To Be Determined

(You have three years from the date of application to take the test, after which all fees paid are forfeited.)

Item	Amount
Test Reschedule Fee (Refer to Policies)	
TOTAL DUE	

For Office Use Only
Fee Received:

All fees must be pre-paid and are non-refundable

Payment Type

Check or Money Order Enclosed (in U.S. funds only)

Credit Card (**MasterCard or Visa Only**)

Type of Card: MC VISA Credit Card Number _____ Exp. Date _____

Signature _____