

# 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)	
<b>TOTAL DUE</b>	

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 \_\_\_\_\_ (Required)

Signature \_\_\_\_\_