



**ASFPM DIGITAL CFM®EXAM**



**NCAFPM Accredited Chapter Candidate Application  
ASFPM Certified Floodplain Manager (CFM®)Program**

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

Email:      Date of Birth:

Daytime Phone:      Employer:

Home Address:

Initial Exam:      Retake:      Type/location of exam:      Scantron Testing Facility      Online

Date:

Applicant Signature

**DIGITAL 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 submit registration information to Scantron for subsequent processing.
2. Upon receipt of registration information from ASFPM, Scantron will contact candidates via email to schedule the exam.
3. Exam eligibility will expire one year from the date of registration and any unscheduled exam request will be terminated.
4. No refunds will be provided after fees are processed and received by ASFPM.
5. Additional fees may be required by Scantron to cancel or reschedule an exam.

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

**or send via email to:** [cfmexam@floods.org](mailto:cfmexam@floods.org)

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