

CDFM Recertification Form

Complete the following with your most current information:

ASMC ID Number: _____

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Mobile Phone: _____

Daytime Phone: _____

Email: _____

ASMC Use Only

Check Number: _____

Check Date: _____

Amount: _____

Verified by: _____

____ **CDFM Extension:** My recertification due date is _____ mm/dd/yyyy. I am requesting a **90-day extension** to complete the 80 hours of creditable CPE required to recertify my CDFM.

____ **Retired Status Request:** I retire(d) from the defense financial management field effective _____ dd/mm/yyyy.
**No recertification fee required (Retired status only)

____ **CDFM Recertification:** I self-certify that I have completed a minimum of 80 hours of creditable CPE during my 2-year certification cycle that ends _____ mm/dd/yyyy. I understand that I must keep documentation of my earned CPE for a minimum of 2 years from my cycle end date and will provide such documentation to ASMC upon request.

CDFM recertification fee payment enclosed (\$25 member / \$45 non-member): _____

Signature: _____

Date: _____

Please return completed form to:

American Society of Military Comptrollers
415 North Alfred Street, Suite 3
Alexandria, VA 22314
Email: certification@asmconline.org

Credit Card Type: VISA / MasterCard / AMEX
Card Number: _____
Expiration Date: _____