

## CERTIFICATION RENEWAL FORM

(Please Print)

I am am recertifying for:     CAPP     CAPA

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Company:** \_\_\_\_\_  
(MUST Match Government Issued ID Exactly)

**Primary Contact Information:**    Work    Home

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Contact Information:**    Work    Home

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Member/Customer ID Number:** \_\_\_\_\_

### REQUIREMENTS:

This form constitutes my official submission of continuing professional education hours required for recertification.

**Check One:**    CAPP: 40.0 Continuing Professional Education credits (CPEs) earned  
                   CAPA: 25.0 Continuing Professional Education credits (CPEs) earned

### CODE OF ETHICS:

It is mandatory for all members of The Institute of Financial Operations as well as CAPP and CAPA candidates and certificants to adhere to the Code of Ethics set forth in the principles listed in detail below. The Institutes' Code of Ethics contains four principles or components. They are: integrity, objectivity, confidentiality, and professional competency.

#### Integrity

The principle of integrity establishes the expectation of one to be honest and straightforward in all professional activities, dealings with other professionals, and when representing The Institute in any public forum. This principle also specifies that one should not falsify information within their organization or provide misleading or false statements to others.

#### Objectivity

The principle of objectivity establishes the expectation of one not to compromise their professional or business judgment because of bias, undue influence of others or conflict of interest. One may be exposed to such situations and should make every effort to avoid the situation. If there are any known conflict of interest situations, they should be remediated immediately.

#### Confidentiality

One should maintain confidentiality of The Institute, company, and competitor information.

- One should not disclose confidential information acquired as of a result of professional and business relationships without proper and specific authority unless there is a legal duty to do so.
- One should maintain confidentiality even in a social environment.
- One should maintain confidentiality disclosed by a prospective employer or competitor of others.

#### Professional Competency

This principle establishes the following standards:

- To maintain the professional knowledge and skill at the level required ensuring that the position held is performed at the highest competency.
- To act diligently in accordance with applicable technical and professional standards while supporting their organization or company.
- One is expected to provide their staff with training along with an awareness of all of The Institutes' educational offerings and material.
- Professional competency encompasses the responsibility to act in accordance with the requirements of an assignment or position and to ensure that all deliverables are completed in an accurate and timely manner.

**PAYMENT INFORMATION:**

CAPP	<input type="checkbox"/> Member Pricing	<input type="checkbox"/> Non-Member Pricing
Recertification	\$100.00	\$200.00
Late Recertification*	\$150.00	\$250.00

CAPA	<input type="checkbox"/> Member Pricing	<input type="checkbox"/> Non-Member Pricing
Recertification	\$50.00	\$100.00
Late Recertification*	\$100.00	\$150.00

**\*Certification renewal forms received between July 1st and September 30th are considered to be late recertification.**

**\*\*If your membership has expired, you will be charged non-member pricing. Check your online account to see if you are still in good standing.**

**CHECK:**

Check # \_\_\_\_\_

Make check payable to:  
The Institute of Financial Operations  
PO Box 540323  
Orlando, FL 32854  
Tax ID # 59-3217295

**CREDIT CARD:**

Total Amount to be Charged: \$ \_\_\_\_\_

Corporate Card

Card Type:  AMEX  Discover  Visa  Mastercard

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature of CardHolder: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING:**

I certify that the information given by me in this renewal form is accurate. I understand that random annual audits are performed, and if selected, I must provide all information requested in the time frame given.

I further understand that any knowingly false statement herein, or lack of compliance with The Institute's Code of Ethics or Annual Audit, will result in annulment of certification.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your completed renewal form via mail, email or fax.**

**For Questions or additional information please contact The Institute of Financial Operations Certification Department at 407-351-3322 or at [Certification@FinancialOps.org](mailto:Certification@FinancialOps.org).**



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