

## 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](mailto:certification@asmconline.org)**

**Credit Card Type: VISA / MasterCard / AMEX**  
**Card Number: \_\_\_\_\_**  
**Expiration Date: \_\_\_\_\_**