



CGFM Program Application

Please print clearly. For faster and easier processing, apply online at www.agacgfm.org/cgfm/start/

Mr. Mrs. Ms. Dr. Full name

Name as you want it to appear on certificate

Maiden name or other names used

Preferred mailing address

City State/Province ZIP

Is this your work or home address?

Current employer Position/Title

Alternate mailing address

City State/Province ZIP

Work phone Home phone

E-mail Date of birth

Are you an AGA member? yes no

If yes, member ID# Chapter

If no, would you like to receive membership information? yes no

How did you learn about the CGFM Program?

Highest degree attained Year awarded Major

Name and location of college/university

Have you completed 24 credit hours of courses in financial management or related topics (see the box below)? yes no

Other degrees attained

REQUIRED DEGREE DOCUMENTATION:

Please submit a copy of your transcript from an accredited college or university. The transcript must show that a degree (bachelor's or higher) was awarded and must list at least 24 credit hours of courses in financial management or related topics (see the box below). Your name and the name of the college or university must appear on all transcripts.

Your application for the CGFM Program is not complete without proper degree documentation. This documentation must be submitted within six months of submitting this application form.

CONFIDENTIALITY STATEMENT AND CODE OF ETHICS CERTIFICATION:

By signing and submitting this application, I certify that I will not engage in unethical behavior or seek an unfair advantage, or assist others in doing so, such as by copying answers from another candidate, providing assistance to another candidate, or using unauthorized materials during any CGFM examination, and should I become aware of such conduct by others, I will report it to AGA. In addition, I will not copy or remove any CGFM examination materials from a test site, nor will I disclose, in writing or orally, the contents of any individual examination questions. Failure to abide by these representations will result in disciplinary action, including but not limited to cancellation of exam scores, revocation of certified status, and/or disqualification from future examinations.

I certify that the statements on this application are correct. I have read and agree to abide by the AGA Code of Ethics (www.agacgfm.org/cgfm/maintain/cgfm_code.aspx).

Applicant's signature

Date

NONREFUNDABLE APPLICATION FEE: \$85

Payment method: Check enclosed (payable to AGA)

VISA AMEX Discover MasterCard

Card number Exp. date

Card holder's name

Card holder's signature

Please mail the completed form and degree documentation to:

AGA
2208 Mount Vernon Avenue
Alexandria, VA 22301-1314

Or fax to: 703.562.0361

Your transcript(s) must show 24 credit hours of study composed of courses in one or more of the following areas:

- Accounting
- Auditing
- Budgeting
- Economics
- Electronic data processing
- Finance
- Information resources management
- Public administration
- Other financial management topics

Advancing
Government
Accountability

Association
of Government
Accountants

2208 Mount Vernon Avenue
Alexandria, VA 22301

PH 703.684.6931
TF 800.AGA.7211
FX 703.562.0361

www.agacgfm.org
agacgfm@agacgfm.org



Promotion code: Print date: 08/06