



# Recertification Form

## Society of Defense Financial Management **Certified Defense Financial Manager Program**

415 North Alfred Street • Alexandria, VA 22314 • (800) 462-5637 • (703) 549-0360 • Fax (703) 549-3181

SDFM ID Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Mobile \_\_\_\_\_ Day Phone \_\_\_\_\_

Email \_\_\_\_\_

**CDFM/CDFM-A 90-Day Extension (No Fee)**

My CDFM/CDFM-A recertification due date is \_\_\_\_\_ mm/dd/yyyy. I am requesting a 90-day extension to complete the 80 hours of continuing professional education (CPE) credits.

**Certified Required Status Request (No Fee)**

I retire(d) from the defense financial management field effective \_\_\_\_\_ mm/dd/yyyy and no longer pay a recertification fee or earn CPEs.

**CDFM Recertification (SDFM Members: \$49 | Non-Members: \$89)**

I self-certify that I have completed a minimum of 80 continuing professional education (CPE) credits during my two year certification cycle that ends \_\_\_\_\_ mm/dd/yyyy.

(Please keep documentation of your CPEs in case you are selected for CPE audit.)

- I will **recertify online** in my SDFM account.
- I will **call** the Certification Department at **(703) 549-0360** and **provide my credit card information** over the phone. (SDFM gratefully accepts VISA, MasterCard, or American Express payments.)
- A check for the recertification fee payment is enclosed **payable to SDFM**.

(Send to **SDFM Certification Dept, 415 N Alfred Street, Alexandria, VA 22314**)

### CDFM/CDFM-A Recertification Agreement

My signature below indicates that I have read, understand and agree to abide by the [SDFM Pledge of Professionalism](#).

Signature \_\_\_\_\_ Date \_\_\_\_\_

The American Society of Military Comptrollers changed their name to the Society of Defense Financial Management on May 29, 2024.