

Employer Notification Form

To complete this Employer Notification Form please be sure to include your name and complete mailing information (Mr./Mrs./Dr./etc.) to ensure correct preparation and mailing of the employer notification. You may request that the notification of your certification be sent to your principal, your supervisor, your company president, the head of your school board, etc. Personal data submitted with this form is for association use and treated as confidential information. Please email the completed form to: certification@aafcs.org.

Certified Professional Information

AAFCS ID#

Title

First Name M. Initial Last Name

Job Title

Email

Home Address

Address (Line 2)

City State ZIP Code

Province/Country (If outside USA only)

Employer Information (Name of Individual to Receive Letter)

First Name Last Name

Title

Institution/
Organization/Business

Address

Address (Line 2)

City State ZIP Code

Province/Country (If outside USA only)