

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)					
Email					
City		State		ZIP Code	
Province/Country (If outside USA only)					