

2010 NCCPT- CPT Recertification Application

Name: _____ Phone: (____) _____

Billing Address: _____
Street City, State Zip code

Mailing Address: _____
(if different from billing address) Street City, State Zip code

Email Address: _____ Certification Number: _____

Fees

Recertification \$50 _____
Late Fee \$25 _____
Petition Fee(s) _____
(\$10 each where applicable)

Total \$ _____

Payment

Money Order (made out to NCCPT, Sorry no personal checks)
 Visa MasterCard American Express Discover

Card Number: _____ Exp: _____

CVC Number (last three digits on back of card): _____

Name on Card: _____

Signature _____

(Required)

Application Checklist

- Complete the Recertification Application
- Copies of all required information for each course (copy of CEU certificates and CPR card)
- Include a money order or credit card information.
- Submit information to:

NCCPT
161 N. Reino Rd
Newbury Park, CA 91320
FAX: 800-915-5545

The NCCPT Personal Trainer Certification requires 2.0 CEUs to renew. CPR counts as .1, therefore you must provide documentation for the remaining 1.9 CEUs in order for your application to be complete and processed.

**Please allow 30 Days for processing of your application.
Incomplete applications will be held.**

**If you have questions about recertification please contact us by:
Phone: 800-778-6060 or email: customerservice@nccpt.com
or FAX: 800-915-5545**

**Category A: NCCPT-CPT Approved Provider Offerings
(Maximum of 2.0 CEU's in Category A)**

Date Of Activity	Title Of Course/ Activity	Provider Name	# of CEU's

Category B: Industry Contributions (maximum of .8 CEU's)

Date Of Activity	Title of Course/ Activity	Provider Name	# of CEU's

Category C: Post- Certification Collegiate Coursework (Maximum of 2.0 CEU's)

Date Of Activity	Title of Course/ Activity	Provider Name	# of CEU's

Category D: Emergency Cardiac Care Certification (Mandatory)

Date Of Activity	Title of Course/ Activity	Provider Name	# of CEU's
	CPR		.1

- I have conducted myself as an NCCPT in accordance with the NCCPT Code of Professional Conduct.
- The information contained on this report is a true and accurate statement of my containing education actives.
- I am aware that falsification of this report may result in the revocation of my NCCPT certification.

Date: _____ Signature: _____

Continuing Education Petition Application for NCCPT

Please complete this request approval for continuing education courses that are not pre-approved by NCCPT

Contact Information:

Name: _____ Phone: _____

Mailing Address: _____

_____ State _____ City, State _____ Zipcode

Email Address: _____

CEU Information

Course/ CEU Activity Title _____

Type of Activity: Workshop Seminar Home study Conference Other

Date(s): _____ Contact Hours (excluding break hours) _____

Course/ CEU Provider _____ Phone Number _____

Mailing Address: _____

_____ State _____ City, State _____ Zip code

Website: _____ Email Address: _____

Payment of Petition Fee (\$10 non-refundable petition fee for each course petitioned)

Payment

- Money Order (made out to NCCPT, Sorry no personal checks)
 Visa MasterCard American Express Discover

Card Number: _____ Exp: _____

Name on Card: _____

Signature _____

(Required)

Please answer the following questions in addition to supplying the required information and documentation.

- This continuing education course falls under which Performance Domain (s)? (check all that apply)
 - Assessment Nutrition
 - Exercise Technique Client Relations & Administration
 - Program Design Professional Practice & Responsibility
- How has this course, workshop, or educational product provided knowledge, skill and ability above entry level?

Continuing Education Petition Application Checklist:

- Complete the NCCPT Continuing Education Petition Application
- Make a copy of all information for each course as follows:
 - Certification of Completion
 - Course Outline or Agenda
 - Instructor resume or bio
 - Course Objectives
 - Referenced Text Materials (if Applicable)
- Include Money Order (sorry no personal checks) or credit card information
- Mail items to:
NCCPT
161 N. Reino Road
Newbury Park, CA 91320

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or FAX: 800-915-5545**

Complete this form only if you need to petition a course that is not approved by NCCPT –CPT.