



RENEWAL APPLICATION

PLEASE PRINT OR TYPE Please check if this is a new name or address.

Name _____
FIRST MIDDLE LAST MAIDEN (REQUIRED IF CHANGED)

Address _____

City _____ State _____ Zip/Postal Code _____

Phone: () _____ E-mail _____

HOW TO SUBMIT YOUR APPLICATION

Complete the Renewal Application. You may scan and email (PDF) to: renewals@nccpt.com or fax to 800-915-5545

801-Photocopy your CEU validation forms.

802-Photocopy your current certificates for renewal.

803-Photocopy your valid CPR/AED Certification cards (front and back). 0.1 CEUs will be awarded

804-Determine appropriate renewal fees.

805-Mail this **completed application**, along with all required documents and payment to: NCCPT

Attn: Recertification
 3481 Old Conejo Rd., Suite 102
 Newbury Park, California 91320

CEU Requirements (2.0)

	Program	Certificate #	Exp. Date
<input type="checkbox"/>	NCCPT Certified Personal Trainer		
<input type="checkbox"/>	NCCPT Certificate of Personal Training		
<input type="checkbox"/>	Certified Group Exercise Instructor		
<input type="checkbox"/>	Certified Indoor Cycling Instructor		
<input type="checkbox"/>	Kickboxing Instructor		
<input type="checkbox"/>	Powerlifting Instructor		
<input type="checkbox"/>	Senior Fitness Specialist		
<input type="checkbox"/>	Weight Management Specialist		
<input type="checkbox"/>	Certified Yoga Instructor		
<input type="checkbox"/>	Youth Fitness Specialist		
<input type="checkbox"/>	Flexibility Specialist		
<input type="checkbox"/>	Certified Strength Training Specialist		

Category A: NCCPT-CPT Approved Provider Offerings

Date of Activity	Title of Course/ Activity	# of CEUs

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

Date of Activity	Title of Course/ Activity	# of CEUs

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

Date of Activity	Title of Course/ Activity	# of CEUs

Category D: Emergency Cardiac Care Certification (Mandatory)

Date of Activity	Title of Course/ Activity	# of CEUs
	CPR	0.1

- TOTAL RENEWAL FEES** \$ _____
- # _____ 1 Certificate at \$75 \$ _____
- # _____ 2 or more Certificates at \$50 each \$ _____
- Late Fee (if postmarked 30 days after your expiration date) \$ 25
- Course Petition Fee
- Number of petitions x \$10.00 \$ _____
- TOTAL ENCLOSED** \$ _____

Payment: Please pay by Money Order (made out to NCCPT, sorry no personal checks) or:

Credit Card # _____ Exp. Date _____ CVC # _____

Billing address (if different than mailing address) _____

City _____ State _____ Zip/Postal Code _____

Name on card _____ Signature _____

*After approval, you may access your updated certificate by logging in to www.nccpt.com and going to <https://www.nccpt.com/members/certificates.php> Hard copies are available per request (fees will apply according to geographic location). Please allow four weeks for processing. **Paperwork will not be returned.** Do not send originals.

Signature _____ Date _____

Continuing Education Petition Application for NCCPT

Please complete this request approval for continuing education courses that are not provided 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 fee for each course petitioned)

Payment: Please pay by Money Order (made out to NCCPT, sorry no personal checks) or:

Credit Card #: _____

Expiration Date: _____ CVC #: _____

Name as it appears on card: _____

Billing address (if different from above)

Signature: _____

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

- Which certificate are you applying your CEU petition towards?
- How has this course, workshop, or educational product provided knowledge, skill and ability above entry level?

Please submit completed form along with Certificate of Completion and any other relevant information to info@nccpt.com or FAX to: 800-915-5545