



RENEWAL APPLICATION

PLEASE PRINT OR TYPE

Please check if this is a new name or address.

Name _____
FIRST MIDDLE LAST (MAIDEN NAME REQUIRED IF CHANGED)

Address _____

City _____ State _____ Zip/Postal Code _____

Phone () _____ Email _____

HOW TO SUBMIT YOUR APPLICATION

Complete the Renewal Application.

- Photocopy your CEU validation forms.
- Photocopy your current certificates for renewal.
- Photocopy your valid CPR/AED Certification cards (front and back). 0.1 CEUs will be awarded
- Determine appropriate renewal fees.
- When you're ready please contact (800) 778-6060 for forward instructions.
- Please allow 30 days to process your renewal.

CEU Requirements (2.0)

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

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 after your expiration date)\$ 25.00
 - Course Petition Fee based on # of petitions x \$10.....\$ _____
- Total Enclosed.....\$ _____

Payment: Please pay online by going to www.nccpt.com and search "renewal". You may also pay over the phone by calling (800)778-6060.

*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: _____

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: _____

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?
- Have you included the course curriculum breakdown?

When you are ready to submit your completed form along with Certificate of Completion and any other relevant information contact a career advisor at: 800-778-6060