ACSM RECERTIFICATION/RENEWAL FORM 2016

At the time of recertification, you are only requested to send this completed form to ACSM for recertification or renew online at http://certification.acsm.org/. ACSM asks that you keep track of all of your CECs and only submit documentation/proof if audited.

PLEASE FILL IN THE INFORMATION BELOW. THIS INFORMATION WILL BE USED FOR ALL ACSM MAILINGS.

ACSM ID Number: ___ ___ ___ ___ ___ ___ Certificate Number _____

Mr. Mrs. Ms. Dr._____

Last Name First Name Middle Initial

Address: ☐Home ☐Work _____

City_____ State_____ Postal Code_____ Country_____

Business Phone (____)_____Home Phone (_____)_____E-mail _____

CPR Expiration Date: _____ CPR Certified by: _____

Required number of Continuing Education Credits (CECs) per Certification Level for 3-year cycle:

15 CECs	30 CECs	45 CECs	60 CECs
CIFT, CET, ARP (12)	ETT	CPT, GEI, PAPHS	EP-C, CEP, RCEP, PD, H/FD

ACSM CECs applicable for this cycle: _____ **Non-ACSM CECs** applicable for this cycle: _____

Renewal Fees: Please check the amount for the certification that you wish to renew. If renewing more than one credential, please pay the renewal fee for the highest certification you have plus $5 per additional credential you hold. **Pay the late fee if renewing *after* your certification has expired.**

☐ $35	☐ $45	☐ $55
Certified Inclusive Fitness Trainer℠ **(CIFT)** Certified Cancer Exercise Trainer℠ **(CET)** Physical Activity in Public Health Specialist℠ **(PAPHS)**	Group Exercise Instructor℠ **(GEI)** Certified Personal Trainer® **(CPT)** Exercise Test Technologist® **(ETT)**	Certified Exercise Physiologist **(EP-C)** (formerly HFS) Certified Clinical Exercise Physiologist **(CEP)** (formerly CES) Registered Clinical Exercise Physiologist ® **(RCEP)** Health/Fitness Director® **(H/FD)** Program Director℠ **(PD)**

☐ $5	☐$25	**Total:**
(Per additional credential)	Late Fee	**$_____ (USD)**

☐ Check/Cash Enclosed - ACSM Fed ID # 23-69-0952 ($25 fee for all returned checks)

☐ MasterCard ☐VISA ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ /___ ___ ___ ___ ___ ___
☐ AMEX ☐ Discover (All 13 or 16 numbers must be given) (Expiration Date) (3 or 4 digit sec. code)

By signing below, I understand that continuing education credits and CPR certification are a necessary component of, and requirement for, valid ACSM Certification/Registration. By sending in this ACSM Recertification/Renewal form, I confirm that I meet all of the requirements to renew the level(s) of credential that I have marked above and will provide documentation of all CECs and valid CPR if requested. I have completed the above application to the best of my knowledge and the information is accurate and true. I authorize ACSM to charge my credit card the amount listed above for my recertification fee.

_____ _____
Signature Date

Mail with payment to the ACSM National Center, Department 6022, Carol Stream, IL 60122-6022
or email to kwebster@acsm.org or fax to 317-634-7817.

9/22/2016