



ACSM RECERTIFICATION/RENEWAL FORM 2017

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 CIFT, CET	30 CECs ETT, ARP	45 CECs CPT, GEI, PAPHS	60 CECs EP-C, CEP, RCEP, PD, H/FD
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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.**

<input type="checkbox"/> \$35 Certified Inclusive Fitness Trainer SM (CIFT) Certified Cancer Exercise Trainer SM (CET) Physical Activity in Public Health Specialist SM (PAPHS)	<input type="checkbox"/> \$45 Group Exercise Instructor SM (GEI) Certified Personal Trainer® (CPT) Exercise Test Technologist® (ETT)	<input type="checkbox"/> \$55 Certified Exercise Physiologist (EP) (formerly HFS) Certified Clinical Exercise Physiologist (CEP) (formerly CES) Registered Clinical Exercise Physiologist ® (RCEP) Health/Fitness Director® (H/FD) Program Director SM (PD) ARP/ACSM Certified Ringside Physician® (ARP)
<input type="checkbox"/> \$5 (Per additional credential)	<input type="checkbox"/> \$25 Late Fee	Total: \$ _____ (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.