

ARP/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 your ringside medicine CME 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: _____

Dr. _____
Last Name First Name Middle Initial

Address: __Home __Work _____

City _____ State _____ Postal Code _____

Country _____

Business Phone (____) _____ Home Phone (____) _____

E-mail _____

Required number of accredited "ringside medicine" CME in a 3-year cycle is 12 credits
Accredited "ringside medicine" CME includes but is not limited to the Association of Ringside Physicians Annual Conference

Course	Date	# of CME
_____	_____	_____
_____	_____	_____
_____	_____	_____

Renewal Fees: There is no renewal fee if submitted prior to the renewal date. **Pay the late fee of \$25 if renewing after your certification has expired.**

__Cash/Check Enclosed – ACSM Fed ID # 23-69-0952 (\$25 fee for all Returned Checks

__Mastercard __VISA _____
__AMEX __Discover CC Number Exp. Date Sec Code

By signing below, I understand that continuing education credits are a necessary component of, and requirement for, valid ARP/ACSM Certification/Registration. By sending in this form, I confirm that I meet all requirements to renew the credential of ARP/ACSM Certified Ringside Physician and will provide documentation of all CME if requested. I have completed the above application to the best of my knowledge and the information is accurate and true. I authorize the ACSM to charge my credit card if I owe a late fee.

Signature _____ Date _____

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