

CEC Tracking Form

This form is to help you track your CECs for your ACSM Recertification. Place this form with your CEC documentation, so you can log CECs as you earn them.

This form is for personal use only and should not be submitted for recertification.

ACSM ENDORSED PROGRAMS

(You should have a letter from ACSM stating the amount of CECs earned for attending an ACSM endorsed program or completing an ACSM self-test. If you do not have that letter, please contact the ACSM Education Department.) You can view these in your myACSM profile.

Event	Date	# of CECs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total_____

Self-Tests	Date	# of CECs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total_____

TEACHING/LECTURING

(Teaching must be at an academic level in a high school/university setting. Lecturing must be at a regional, state, or national level and CECs must be awarded for the attendees. You can only earn 30% of your total CECs in this category. You are awarded 1 CEC per contact hour of teaching for lecturing.)

Course	Contact Hrs.	# of CECs
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total_____

CLINICAL/HOSPITAL GRAND ROUNDS

Total_____

NON-ACSM PROGRAMS

(ACSM will accept CECs/CEUs/CMEs earned from other health/fitness and clinical organizations. These do not have to be pre-approved by ACSM but should be related to the knowledge, skills, and abilities (KSAs) of your credential as outlined in the current issue of ACSM's Guidelines for Exercise Testing and Prescription.)

Event	Date	# of CECs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total_____

UNIVERSITY/COLLEGE COURSE

(You may claim 10 CECs per college credit hour as long as the course is related to your KSAs and you receive a C or better in the class. In order for the class to count for recertification, you must earn credit for the class during your recertification time frame.)

Course	Credit Hrs.	# of CECs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total_____

PUBLICATIONS

(You are awarded 10 CECs for each peer reviewed, professional publication.)

Publication	Date	# of CECs
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total_____

Renewal Date: 12/31/20_____ CECs Needed to Renew_____ Total CECs Earned: _____

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