



# 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

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:

<b>15 CECs</b> CIFT, CET	<b>30 CECs</b> GEL, ETT	<b>45 CECs</b> CPT, GEI, PAPHS	<b>60 CECs</b> 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 the additional \$5 multiple renewal fee. **Pay the late fee if renewing after your certification has expired.**

<input type="checkbox"/> <b>\$35</b> <hr/> Certified Inclusive Fitness Trainer <sup>SM</sup> <b>(CIFT)</b>  Certified Cancer Exercise Trainer <sup>SM</sup> <b>(CET)</b>  Physical Activity in Public Health Specialist <sup>SM</sup> <b>(PAPHS)</b>	<input type="checkbox"/> <b>\$45</b> <hr/> Group Exercise Leader® / Instructor <sup>SM</sup> <b>(GEL/I)</b>  Certified Personal Trainer® <b>(CPT)</b>  Exercise Test Technologist® <b>(ETT)</b>	<input type="checkbox"/> <b>\$55</b> <hr/> Certified Exercise Physiologist <b>(EP-C)</b> <small>(formerly HFS)</small> Certified Clinical Exercise Physiologist <b>(CEP)</b> <small>(formerly CES)</small> Registered Clinical Exercise Physiologist ® <b>(RCEP)</b>  Health/Fitness Director® <b>(H/FD)</b>  Program Director <sup>SM</sup> <b>(PD)</b>
<input type="checkbox"/> <b>\$5</b> <hr/> Renewing more than one credential	<input type="checkbox"/> <b>\$25</b> <hr/> Late Fee	<b>Total:</b> \$ _____ <b>(USD)</b>

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](mailto:kwebster@acsm.org) or fax to 317-634-7817.