



ACSM RECERTIFICATION/RENEWAL FORM 2018

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:

15 CECs CIFT, CET	30 CECs GEL, ETT	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 the additional \$5 multiple renewal fee. **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 Leader® / Instructor SM (GEL/I) Certified Personal Trainer® (CPT) Exercise Test Technologist® (ETT)	<input type="checkbox"/> \$55 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 SM (PD)
<input type="checkbox"/> \$5 Renewing more than one 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.