



NATIONAL COUNCIL ON STRENGTH & FITNESS

RECERTIFICATION APPLICATION

FIRST NAME _____ LAST NAME _____ M.I. _____
ADDRESS _____ APT. _____
ADDRESS CONT. _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____
COUNTRY _____ POSTAL CODE _____
CERTIFICATION NO. _____ CERTIFICATION EXP. DATE ____/____/____

RE-CERTIFICATION FEE ENCLOSED _____ (Single Credential: \$75 / Two or More Credentials: \$100)

PAYMENT METHOD: (Circle one) Check/Money Order Visa MasterCard Discover Amex

ACCOUNT NO. _____ EXP. DATE ____/____ SECURITY CODE _____

SIGNATURE _____ DATE _____

Table with 6 columns: Activity Category, Date, Activity Provider, Contact Hours, Documentation Enclosed, CEUs Reported. Includes rows for CPR (Required) and Ethics & Professional Practice (Required), and a CEU TOTAL row.

This form and proper documentation must be submitted for CEU reporting. The NCSF continuing education department will assign a CEU value based on the aforementioned polices within this Recertification Handbook.

Submit to:

NCSF Board for Certification
5915 Ponce de Leon Blvd., Suite 60, Coral Gables, FL 33146