

National Council on Strength & Fitness
Board for Certification

CERTIFIED PERSONAL TRAINER



Exam Application



“A New Generation of Fitness Professional”

I. Personal Information (Name as it appears on your government issued, photo ID)

First Name _____ Last Name _____

Date of Birth _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____

Email _____

Phone Number: Daytime _____ Evening _____

CPT Exam Fee \$299.00

Method of payment:



Discover VISA MasterCard AMEX Check/Money Order

Account No. _____ Exp. Date _____

Name on card if different from above _____

3 Easy Ways to Register:



5915 Ponce de Leon Blvd., #60
Coral Gables, FL 33116



305-441-1111
Glenview, FL 33146



800-772-NCSF
9 AM - 5 PM EST

Send Payment to:
National Council on Strength & Fitness
Ponce de Leon Blvd., Suite 60
Coral Gables, FL 33146

Refund/Cancellation Policy: The NCSF-CPT Exam fee is non-refundable and non-transferable.

Signature _____ Date _____

