



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: \$50 / Two Credentials: \$75 / Three or More Credentials: \$100)

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

ACCOUNT NO. \_\_\_\_\_ EXP. DATE \_\_\_\_/\_\_\_\_ SECURITY CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If payment for CEU Quizzes is being submitted, it can be combined with recertification fee.

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