

# **CEC PETITION**

FULL NAME:	POSTAL CODE/ZIP:
ADDRESS:	E-MAIL:
CITY:	PHONE:
PROVINCE/STATE:	
COUNTRY:	MEMBER ID:
REQUIRED DOCUMENTS	
<ul> <li>For certification programs - Certific</li> <li>For school courses - Course syllab</li> <li>For online courses - Certificate of online courses - Certificate</li> </ul>	cate of completion and course agenda ous (Indicating Hours) / Official/Unofficial Transcript etc. completion / course outline (Indicating Hours) mpletion and course outline (Indicating Hours)
PETITION FEES There is a \$15 CAD + HST per course	/event/conference petitioned.
PAYMENT METHOD  ☐ VISA ☐ MasterCard ☐ Am	nerican Express
CARD HOLDER:	CVD (3-4 DIGIT NUMBER):
CARD NUMBER:	EXP. DATE (MM/YY):/
CEC PETITION TERMS OF AGE	REEMENT
UNDERSTAND THAT I AM SOLELY RESPONSIB AID, CPR AND CONTINUING EDUCATION CRED CERTIFIED AS PART OF A RANDOM AUDIT PROCESSIFICATION. I FURTHER UNDERSTAND IF A RESERVES THE RIGHT TO REVOKE ANY CERT AGREE TO ADHERE TO THE CPTN CODE OF EWAY GUARANTEE THE QUALITY OF MY WORK INDEMNIFY AND HOLD HARMLESS CPTN, ITS COMISSION OR FAULTY ADVICE THAT I MAY GIVEN UNDERSTAND THAT CPTN IS NOT RESPONSIB	INTAINED ON THIS CEC PETITION FORM IS TRUE, COMPLETE AND CORRECT. I LE FOR MAINTAINING AN ACCURATE AND UP-TO-DATE RECORD OF MY FIRST DITS WHICH MAY BE REQUESTED BY CPTN AT ANY TIME AFTER BECOMING DCESS. I AGREE TO RELEASE TO CPTN ANY INFORMATION RELEVANT TO MY ANY OF THIS INFORMATION IS LATER DETERMINED TO BE FALSE, THE CPTN IFICATION THAT HAS BEEN GRANTED ON THE BASIS HEREOF. I ACCEPT AND THICS. I UNDERSTAND THAT CPTN MEMBERSHIP DOES NOT CERTIFY OR IN ANY AS A FITNESS INDUSTRY, CERTIFIED PROFESSIONAL. I THEREFORE AGREE TO DEFICERS, DIRECTORS AND STAFF FROM ANY CLAIMS DUE TO NEGLIGENCE, JE TO CLIENTS AS A CPTN MEMBER AND FITNESS INDUSTRY PROFESSIONAL. I SEE FOR ANY ACTIONS OR DAMAGES FROM ANY PERSON ARISING OUT OF MY IG OR AS A FITNESS INDUSTRY PROFESSIONAL.
SIGNATURE	//

# LIST OF NON-APPROVED COURSES COMPLETED

PROVIDER	COURSE TITLE	DATE COMPLETED	CECS
Example Inc.	Conference	MM/DD/YYYY	7

**Note:** Courses must be current for the certification renewal period. Extra CECs are not transferable to the next renewal period. The maximum credits awarded is CPTN-7 for petitioned courses. One hour of continuing education equals one CPTN CEC.

## **INSTRUCTIONS**

- 1. Obtain as much of the following as proof of completion for the course to be submitted:
  - · A scanned image or document of the certificate of completion,
  - A scanned image or document of the title page,
  - A scanned image or document of the course outline (indicating course hours),
  - A scanned image or document of the table of contents,
  - A scanned image or document of transcripts.
- 2. Submit the requirements using our Document Upload page or e-mail to education@cptn.com.
- 3. Complete and submit the Petition Form.

# COURSES NOT ACCEPTED THROUGH PETITION

- Activities and training sessions
- Master classes and workouts
- Clinical hours
- Internships
- Teaching hours
- Self-preparation for a test/quiz/exam or lecturing
- Job preparation training courses
- Health and Fitness Books
- Health and Fitness VHS/CD/DVD training
- Courses outside the scope of Health and Fitness

## PLEASE SUBMIT THIS APPLICATION INCLUDING:

- Electronic copies of the certificate of completion for the courses petitioning.
- Electronic copies of the course outline, indicating the number of hours in each subject. One hour of continuing education equals 1 CPTN CEC.
- Electronic copies of the outline provided at the class. For correspondence courses include a title page and table of contents.
- An e-mail subject of "CPTN CEC Petition"

## E-MAIL TO:

Lucinda Jensen education@cptn.com