



# CERTIFICATION RENEWAL

FULL NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ FAX: \_\_\_\_\_  
PROVINCE/STATE: \_\_\_\_\_ MEMBER ID: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_ FIRST AID EXP. DATE: \_\_\_\_\_  
POSTAL CODE/ZIP: \_\_\_\_\_ CPR C EXP. DATE: \_\_\_\_\_

## CERTIFICATION RENEWAL OPTIONS (CHOOSE ONE)

### One Year Renewal Option

- \$80.53 + HST (13%) - Prior to expiration date  
 \$113 + HST (13%) - Overdue: 2 months or less  
 \$134 + HST (13%) - Overdue: 6 months or less

### Two Years Renewal Option

- \$142.48 + HST (13%) - Prior to expiration date  
 \$203 + HST (13%) - Overdue: 2 months or less  
 \$225 + HST (13%) - Overdue: 6 months or less

**Note:** Certification renewal includes membership fee (a \$50+ value) for returning trainers.

## PAYMENT METHOD

- VISA  MasterCard  American Express

CARD HOLDER: \_\_\_\_\_ CVD (3-4 DIGIT NUMBER): \_\_\_\_\_  
CARD NUMBER: \_\_\_\_\_ EXP. DATE (MM/YY): \_\_\_\_/\_\_\_\_

## CERTIFICATION TERMS OF AGREEMENT

I ACKNOWLEDGE THAT THE INFORMATION CONTAINED ON THIS CERTIFICATION RENEWAL FORM IS TRUE, COMPLETE AND CORRECT. I UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR MAINTAINING AN ACCURATE AND UP-TO-DATE RECORD OF MY FIRST AID, CPR AND CONTINUING EDUCATION CREDITS WHICH MAY BE REQUESTED BY CPTN AT TIME AFTER THIS RENEWAL NOTICE IS RECEIVED AS PART OF A RANDOM AUDIT PROCESS. I AGREE TO RELEASE TO CPTN ANY INFORMATION RELEVANT TO MY RE-CERTIFICATION. I FURTHER UNDERSTAND IF ANY OF THIS INFORMATION IS LATER DETERMINED TO BE FALSE, THE CPTN RESERVES THE RIGHT TO REVOKE ANY CERTIFICATION THAT HAS BEEN GRANTED ON THE BASIS HEREOF. I ACCEPT AND AGREE TO ADHERE TO THE CPTN CODE OF ETHICS. I UNDERSTAND THAT CPTN MEMBERSHIP DOES NOT CERTIFY OR IN ANY WAY GUARANTEE THE QUALITY OF MY WORK AS A FITNESS INDUSTRY, CERTIFIED PROFESSIONAL. I THEREFORE AGREE TO INDEMNIFY AND HOLD HARMLESS CPTN, ITS OFFICERS, DIRECTORS AND STAFF FROM ANY CLAIMS DUE TO NEGLIGENCE, OMISSION OR FAULTY ADVICE THAT I MAY GIVE TO CLIENTS AS A CPTN MEMBER AND FITNESS INDUSTRY PROFESSIONAL. I UNDERSTAND THAT CPTN IS NOT RESPONSIBLE FOR ANY ACTIONS OR DAMAGES FROM ANY PERSON ARISING OUT OF MY WORK AS A CPTN MEMBER IN GOOD STANDING OR AS A FITNESS INDUSTRY PROFESSIONAL.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE DATE (MM/DD/YYYY)

## LIST OF APPROVED / PETITIONED COURSES COMPLETED

PROVIDER	COURSE TITLE	DATE COMPLETED	CECS
Human Kinetics	Sports Nutrition	MM/DD/YYYY	7

**Note:** Courses not listed on our Online Courses or Workshops page are considered non-approved. These courses require a petition using our CEC Petition Form prior to certification renewal. There is a processing fee of \$15 per non-approved course/event/conference not petitioned. Courses submitted must be relevant and within 6 months of the certification renewal date. Extra CECs are not transferable to the next renewal period. You are advised to use the maximum available credits at the time of renewal. One hour of continuing education equals one CPTN CEC.

## INSTRUCTIONS

1. Accumulate a minimum of 7 CECs for 1-Year or 14 CECs for 2-Year prior to expiration or renewal.
2. Submit a CEC Petition for non-approved courses or conferences prior to renewal and wait for petition approval.
3. Upload PDF or JPG certificates of completion including current First Aid and CPR C/AED certificate or card.
4. Complete and submit the Certification Renewal Form with the approved CECs and/or petitioned CECs.

<p><b>PLEASE SUBMIT THIS APPLICATION INCLUDING:</b></p> <ul style="list-style-type: none"><li>• Certificate of completion (provider proof of completion)</li><li>• Current First Aid certificate or card</li><li>• Current CPR C/AED certificate or card</li><li>• An e-mail subject of "CPTN Certification Renewal"</li></ul>	<p><b>E-MAIL TO:</b></p> <p>info@cptn.com</p>
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