

# CEU Provider Application

---

Today's Date: \_\_\_\_\_

Date of Activity (if applicable): \_\_\_\_\_

1. Name of the organization/institution sponsoring this activity:

---

2. Name of the official contact person for this activity (first name, MI, last name):

---

3. Is this official contact person certified by the NSCA?

Yes. Please state your CSCS certificate # \_\_\_\_\_ and/or your NSCA-CPT certificate # \_\_\_\_\_  
 No.

4. Mailing address:

Street/P.O. Box \_\_\_\_\_ Suite/Apt. number: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_

5. Daytime phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Web site: \_\_\_\_\_

6. Title of this activity: \_\_\_\_\_

7. Location(s) of this activity (City and State/Province required):

---

8. Date(s) of this activity (if applicable): \_\_\_\_\_

9. Number of contact hours (excluding breaks): \_\_\_\_\_

10. Is this a renewal application (i.e., has this activity received previous CEU approval)?

Yes. The previous approval number was: \_\_\_\_\_  
 No. This is a first-time application.

11. Please attach a brochure/flyer for your activity (showing date, time, session titles), an hour-by-hour schedule with session descriptions and the speakers' resumes. Drafts are acceptable. (If you are hosting a Multiple or Repeat Event, make sure your attachment includes all dates and locations at which your event will be offered.)

12. State the specific educational goals of your activity with respect to the Certified Strength and Conditioning Specialist and/or the NSCA-Certified Personal Trainer:

---

---

# CEU Provider Application

13. **Type of event/activity and fee calculation** (check the type of activity and fill in the appropriate amounts):

**Convention/Conference** (See page 6 for details)

a. Number of individual sessions in your convention/conference: \_\_\_\_\_

b. .... Fee per session:           \$15          

c. .... Total session fees (a x b):           \$          

d. .... Basic application fee:           \$75          

e. .... Total application fee (c + d):           \$          

**Single/Multiple Events** (See page 6 for details)

a. Number of times this event will be held in a 12-month period: \_\_\_\_\_

b. .... Fee for each event:           \$50          

c. .... Sub-total (a x b):           \$          

d. .... Application fee:           \$50          

e. .... Total application fee (c + d):           \$          

**Correspondence Course** (See page 6 for details)

a. .... Total application fee:           \$115          

**NSCA State/Provincial Director's Clinic** (See page 6 for details)

a. Number of times the clinic will be held in a 12-month period: \_\_\_\_\_

b. Credit (no fee for the first two clinics in a 12-month period):           2          

c. Number of additional times the clinic is offered (a - b): \_\_\_\_\_

d. .... Fee for each additional clinic:           \$25          

e. .... Total application fee (c x d):           \$          

**Repeat Events** (See page 6 - 7 for details)

a. 10-15 offerings of same event (\$250):           \$          

b. 16- 20 offerings of same event (\$275):           \$          

c. . . . 20+ offerings of same event (\$300):           \$          

d. .... Total fee (a, b, or c):           \$          

14. **Total Fee Due:**

a. Total application fee (from #13): \$ \_\_\_\_\_

b. Credit: If the contact person is CSCS or NSCA-CPT certified and this is the first or second application submitted for the calendar year, enter \$50 on this line: \$ \_\_\_\_\_

c. If the application is being submitted less than four weeks prior to the activity, enter \$100 on this line: \$ \_\_\_\_\_

d. **Total fee (a - b + c):** \$ \_\_\_\_\_

15. **Method of Payment:**

- Check or Money Order (U.S. funds only) payable to "NSCA"  
 VISA     MasterCard     American Express

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Affirmation: By signing and submitting this form, I attest that the information contained in this application is true, complete, and correct to the best of my knowledge. I further attest that this request is submitted in good faith. I understand that if any information is later determined to be false, the NSCA Certification Executive Committee reserves the right to revoke any previously approved or currently deliberated Continuing Education Units for the above event/activity. I also understand that upon the approval of this event/activity, the name of the official contact person listed herein will be used for advertisement and publication purposes; therefore, those who request information about this event/activity will be referred to the official contact person.

x \_\_\_\_\_  
Signature of Official Contact Person

Date: \_\_\_\_\_

**Mail application to:** NSCA Certification Department  
1885 Bob Johnson Drive  
Colorado Springs, CO 80906

**Fax application to:** 719-632-6367