



# Recertified with Distinction Application

For activities completed between January 1, 2009 and December 31, 2011



Name _____	CSCS Certification Number _____
Mailing Address _____	NSCA-CPT Certification Number _____
City/State/Country _____	Home Phone (please include area code) _____
ZIP/Postal Code _____ <input type="checkbox"/> check here if new address	Work Phone (please include area code) _____
E-mail Address _____	Fax (please include area code) _____

**Instructions:** Complete the following chart for qualifying *Recertified with Distinction* CEUs. Applicants must complete the minimum CEU requirements established by the NSCA Certification for the current recertification period and acquire a total of 10.0 CEUs in activities sponsored by the NSCA for the current reporting period. The requirement increases to 12.0 CEUs for professionals who have both NSCA credentials and wish to receive *Recertified with Distinction* status for both. After all of your *Recertified with Distinction* CEU requirements have been completed (by no later than December 31, 2011), fax or mail this form along with supporting CEU activity documentation and the appropriate fee (U.S. funds) or credit card authorization. The application fee is \$25 if applying for *Recertified with Distinction* for one credential or \$40 if applying for *Recertified with Distinction* for both credentials. Applications must be postmarked no later than December 31, 2011. If you have questions, please contact us at 800-815-6826.

Activity Completion Date	NSCA Activity Description	Number of CEUs Earned	Type of Documentation Showing Complete Activity

<b>FOR OFFICE USE ONLY</b>	<b>Received by:</b> _____	<b>Total CEUs:</b> _____	<b>Date:</b> _____
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**SIGNATURE REQUIRED:** I attest that the information contained herein is a true and accurate statement of my continuing education activities. By my signature below, I affirm that I have current CPR certification and will provide proof should it be necessary. Furthermore, I understand that the CEU reporting requirements set forth in the Recertification Policies and Procedures booklet indicate that inaccurate reporting of CEU activities may result in the revocation of my certification.

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

- Check or Money Order (in U.S. funds) made payable to the NSCA in the amount of  \$25 or  \$40  
 Please charge my *Recertified with Distinction* fee of  \$25 or  \$40 to my  VISA  Mastercard  American Express  Discover

Credit Card Account No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail to: NSCA Certification Department • 1885 Bob Johnson Dr. • Colorado Springs, CO 80906  
 Fax: 719-632-6367 • Toll-free: 800-815-6826 • Web site: [www.nscalift.org](http://www.nscalift.org)