Recertified with Distinction Application

for activities completed between January 1, 2006 and December 31, 2008

Name	CSCS Certification Number
Mailing Address	NSCA-CPT Certification Number
City/State/Country	Home Phone (please include area code)
ZIP/Postal Code ❑ 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 Commission for the current recertification period and acquire a total of 10.0 CEUs in activities sponsored by the NSCA and/or NSCA Certification Commission 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, 2008), 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, 2008. If you have questions, please contact the NSCA Certification Commission at 888-746-2378.

Activity Completion Date	NSCA or NSCA Certification Commission Activity Description	Number of CEUs Earned	Type of Documentation Included Showing Completion of Activity

FOR OFFICE USE ONLY Received by: Total CEUs Earned: Date:

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 Certification Commission 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 Commission • 3333 Landmark Circle • Lincoln, NE 68504

Fax: 402-476-7141 • Toll-free: 888-746-2378 • Web site: www.nsca-cc.org