



CERTIFICATION RENEWAL APPLICATION

Step One: Tell us about yourself

Last Name		First Name		Middle Name	
Date of Birth		Name as you would like it to appear on your certificate			
Address					
City			State		Zip
Phone (day)		Phone (eve)		Email address	

Step Two: Tell us which certification(s) you are renewing

<input type="checkbox"/> Certified Fitness Trainer	<input type="checkbox"/> Specialist in Senior Fitness <i>(formerly Specialist in Fitness for Older Adults)</i>	<input type="checkbox"/> Specialist in Sports Nutrition <i>(formerly Specialist in Performance Nutrition)</i>
<input type="checkbox"/> Specialist in Fitness Nutrition	<input type="checkbox"/> Specialist in Strength and Conditioning <i>(formerly Specialist in Sports Conditioning)</i>	<input type="checkbox"/> Endurance Fitness Trainer
<input type="checkbox"/> Specialist in Exercise Therapy <i>(formerly Fitness Therapy)</i>	<input type="checkbox"/> Youth Fitness Trainer	<input type="checkbox"/> Specialist in Martial Arts Conditioning
<input type="checkbox"/> Elite Trainer <i>(must include renewal of CFT, SFN/SPN, and SET)</i>	<input type="checkbox"/> Master Trainer <i>(must include renewal of CFT, SFN/SPN, SET, SSF, SSC, YFT)</i>	<input type="checkbox"/> Water Fitness Trainer
<input type="checkbox"/> Golf Fitness Trainer	<input type="checkbox"/> Specialist in Adaptive Fitness	<input type="checkbox"/> Specialist in Weight Management

Step Three: Requirements for renewal—include these items with your application

<p>Requirements for Renewal</p> <ol style="list-style-type: none"> Documentation of 20 continuing education units with report form (see page 2 of this application) Copy of current CPR/AED Renewal Fee* Late Fee** (if not post-marked by expiration date) <p>All items must be submitted with your application. If any of the requirements are missing, your application will not be accepted.</p>	<p>*Renewal Fee Breakdown (Check one)</p> <table border="0"> <tr><td><input type="checkbox"/> 1 ISSA Certification Renewal</td><td>\$75</td></tr> <tr><td><input type="checkbox"/> 2 ISSA Certification Renewals</td><td>\$100</td></tr> <tr><td><input type="checkbox"/> 3 ISSA Certification Renewals</td><td>\$125</td></tr> <tr><td><input type="checkbox"/> 4 ISSA Certification Renewals</td><td>\$150</td></tr> <tr><td><input type="checkbox"/> 5 or more ISSA Certification Renewals</td><td>\$175</td></tr> </table> <p>**Late Fee Breakdown (Check one - if applicable)</p> <table border="0"> <tr><td><input type="checkbox"/> 1 day to 3 months</td><td>\$30</td></tr> <tr><td><input type="checkbox"/> 3 months to 6 months</td><td>\$40</td></tr> <tr><td><input type="checkbox"/> 6 months to a year</td><td>\$50</td></tr> </table> <p style="text-align: right;"><i>Fees are non-refundable</i></p>	<input type="checkbox"/> 1 ISSA Certification Renewal	\$75	<input type="checkbox"/> 2 ISSA Certification Renewals	\$100	<input type="checkbox"/> 3 ISSA Certification Renewals	\$125	<input type="checkbox"/> 4 ISSA Certification Renewals	\$150	<input type="checkbox"/> 5 or more ISSA Certification Renewals	\$175	<input type="checkbox"/> 1 day to 3 months	\$30	<input type="checkbox"/> 3 months to 6 months	\$40	<input type="checkbox"/> 6 months to a year	\$50
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<input type="checkbox"/> 6 months to a year	\$50																

Step Four: Select your method of payment

Renewal fee _____ Late fee _____ Total amount _____	<input type="checkbox"/> Money Order # _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover					
	Name on card					
	Credit Card Number				Expiration	
	I authorize ISSA to charge my credit card for the total amount.			Signature		

Step Five: Signature

By signing this Renewal Application, I attest that the information I have submitted concerning my Continuing Education is truthful. I am aware that any and all of my ISSA certifications may be revoked if there is evidence to support that I have falsified any information concerning my reported participation in continuing education activities. This Renewal Application is not valid until it has been accepted by an authorized representative of ISSA.

Student Signature	Date
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For ISSA Use Only

Date Received:	Renewal Date:	Date Processed:	Processed By:
Resubmit Letter Sent:	Requirements Met:	Notes:	

