

IFPA CEU Report Form

ALL information must be completed or will be returned to member without services being completed.

Change of Address (check here) ☐ Certification Number: _____

Name (to appear on certificate): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Submit to: **IFPA Continuing Education Department**
P.O. Box 46248 Tampa, FL 33646

A copy of the certification(s) being renewed **MUST** accompany the submitted renewal form, fees, and CEUs being turned in.

Certifications to renew

(check all that apply):

Date Originally Received

Current Exp. Date

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Personal Fitness Trainer | | |
| <input type="checkbox"/> Sports Nutrition Specialist | | |
| <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Other | | |

Mandatory 6 CEUs of IFPA Course Material (See reverse for a description of categories & requirements)

| Category | Type | Activity Description/Contact Hours | Date | Estimated CEUs |
|----------|---|------------------------------------|------|----------------|
| I | IFPA certification, IFPA continuing education, IFPA conventions (6 ceu's mandatory from IFPA) | | | |
| II | CPR, First Aid, EMT, AED | | | |
| III | Presentations & publications | | | |
| IV | Non-IFPA correspondence courses, workshops, conferences, and certification courses | | | |
| V | College/ University Courses | | | |

Signature Required

By signing and dating this form, I hereby attest that all information presented herein is true and accurate. I understand that any inaccurate representation or reporting of CEU activity may result in the revocation of my certification.

Signature: _____

Date: _____

☐ Check or M.O enclosed ☐ Bill my credit card Date Paid: _____Card type: ☐ AmEx ☐ Visa ☐ MC ☐ Discover CVS #: _____

Card exp date _____ Credit Card # _____

Signature _____

Fees: IFPA Re-Certification Fee**\$25 Reinstatement Fee** (expired over 30 days)**\$25 per Certification** (only Category I applies)**\$25 Rush Processing Fee** (3 Business Days)**\$20 Non-IFPA CEU Administrative Fee**

(Categories II-V) (\$20 per IFPA CEU Report)

Unit Rate **Quantity Total****\$25** (Reinstmt) _____**\$25** (Cert) _____**\$25** (Rush) _____**\$20** (Non-IFPA) _____**Grand Total** _____**OFFICE USE ONLY**☐ ID# _____☐ RUSH _____Email ☐ Fax ☐ Mail ☐ DATE _____☐ Test Received _____

DATE _____

☐ Entered _____

DATE _____

☐ Graded _____

DATE _____

☐ Initials _____☐ Score _____

M/C _____ P/C _____

☐ Score Entered _____

DATE _____

☐ Cert. Sent _____

DATE _____

IFPA Award of CEUs and Documentation Requirements

| CategoQ£ | Activit | How CEUs are Awarded | Documentation to Submit | Special Notes |
|-----------------|--|--|---|--|
| I | IFPA Certification Courses | 24 CEUs per course | Copy of IFPA Certificate | 2 year renewal on current certification |
| I | IFPA Continuing Education Courses | Credits pre-assigned per course | Copy of IFPA Certificate | 1 year renewal with CEUs |
| I | IFPA Convention or Special Events | Designated by event | Completed and submitted CEU request to be given through convention | Total CEUs granted subject to change and may be dependent upon successful completion of CEUs offered at convention |
| II | CPR, First Aid, or EMT, AED | 1.0 each for CPR, First Aid, or EMT, AED | Copy of certificate | Subject to acceptance by IFPA Maximum 6 outside source CEUs per renewal. |
| III | Presentations | 1.0 CEU per presentation in excess of 1 hour (made to public or other fitness professionals) | Copy of program describing presentation content and length | Subject to acceptance by IFPA Maximum 6 outside source CEUs per renewal. |
| III | Publications | 1.0 CEU for published article in non-refereed publication ; 2.0 CEU for published article in refereed journal (Ex. Medicine & Science in Sport & Exercise) | Copy of article direct from publication, publication name, and date of publication | Subject to acceptance by IFPA Maximum 6 outside source CEUs per renewal. |
| IV | Correspondence Courses | Designated on course-by-course basis indicated on accepted correspondence courses (Desert Southwest Fitness & others designated by the IFPA) | Copy of certificate of successful completion | Subject to acceptance by IFPA Maximum 6 outside source CEUs per renewal. |
| IV | Workshops, conferences, and certification course by agencies other than the IFPA | 1.0 CEUs per contact hour. | Certificate or letter indicating successful completion, contact hours and content description | Subject to acceptance by IFPA Maximum 6 outside source CEUs per renewal. |
| V | College/University courses | 1 CEU per semester hour or 0.5 CEUs per quarter hour. | Copy of course grades and course description | Subject to acceptance by IFPA Maximum 6 outside source CEUs per renewal. |

Non-IFPA CEUs require a \$20 processing fee per each CEU form submitted (Categories II,IIT,IV, V) \$25 Rush Processing available on IFPA CEU test results. Results given by email within three business days of being received by the IFPA. \$25 fee for each test if submitted separately or \$25 fee total if submitting all IFPA CEU tests at once.