NSCA™
NATIONAL STRENGTH AND CONDITIONING ASSOCIATION

CEU Provider Application

CERTIFIED • PERSONAL • TRAINER NSCA EST. 1993 ®

CERTIFIED STRENGTH & CONDITIONING SPECIALIST NSCA CSCS Est. 1985 ®

CERTIFIED SPECIAL POPULATION SPECIALIST NSCA CSPS Est. 2012 ™

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. ❑ No.

Please state your CSCS certificate #_____ NSCA-CPT certificate #_____
and/or your CSPS certificate #_____

4. Mailing address:

Street/P.O. Box _____ Suite/Apt. number: _____

City: _____ State/Province: _____ ZIP/Postal code: _____

5. Daytime phone: _____ **Fax:** _____

Email address:_____ **Website:**_____

6. Title of this activity: _____

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

_____

_____

8. Number of contact hours (excluding breaks)**:** _____

9. Have you or this company been approved by the NSCA CEU Provider Program previously? _____

What was your provider number?_____

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.

Check for Attached

- ☐ Appendix A1 (for single sessions) or A2 (conference outline)
- ☐ Appendix B: Speaker Background
- ☐ Seminar Collateral Material: Flyer or brochure, copies of handouts, reference list, etc.
- ☐ Correspondence Course: Access to content and references including word count for any required reading

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: $25

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

d. . . . . . Basic application fee: $100

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 fees: $100

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

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

a. . . . . . Total application fee: $200

Renewal for previously approved events $125

14. Total Fee Due:

a. Total application fee (from #13): **$**_____

b. If the application is being submitted less than four weeks prior to the activity, enter $100 on this line: **$**_____

c. Total fee (a + b): **$**_____

15. Method of Payment:

❑ Check or Money Order (U.S. funds only) payable to "NSCA"

❑ VISA ❑ MasterCard ❑ American Express

❑ Discover Card

Name on Card: _____

Account Number: _____

Expiration Date: _____ CVV Code _____

Signature: _____

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.

_____

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

Email application to: provider@nsca.com

Appendix A | Outline for Seminars

Title	Speaker	Date	Start Time	End Time	Duration	CEU Value* assigned by NSCA

Appendix A2 | Outline for Conferences

(must have multiple concurrent session options)

Title	Speaker	Date	Start Time	End Time	Duration	Topic	CEU Value assigned by NSCA

Topics include	Topic Key
Exercise Sciences (Anatomy/Physiology, Biomechanics, Nutrition, etc.)	ES
Applied Training (SAQ, Functional, Rehab, etc.)	AT
Group Fitness (step, bootcamp, spinning, etc.)	GF
Mind/Body	MB
Business Development (marketing, leadership, etc.)	BD
Other	OT

Add additional documents if necessary

Appendix B: Speaker Background Form

Speaker Background

The speaker list form must be completed for each speaker in order to receive Continuing Education Units.

Speaking date:	Speaking time:
Name:	
Presentation Experience:	
Degree(s) & Certification(s):	
Current employer and title:	
Title and session description:	
Short biography & qualification to present on topic:	

Speaking date:	Speaking time:
Name:	
Presentation Experience:	
Degree(s) & Certification(s):	
Current employer and title:	
Title and session description:	
Short biography & qualification to present on topic:	

Speaking date:	Speaking time:
Name:	
Presentation Experience:	
Degree(s) & Certification(s):	
Current employer and title:	
Title and session description:	
Short biography & qualification to present on topic:	

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