

# 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. Please state your CSCS certificate # \_\_\_\_\_ and/or your NSCA-CPT certificate # \_\_\_\_\_

No.

4. Mailing address:

Street/P.O. Box \_\_\_\_\_ Suite/Apt. number: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_

5. Daytime phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Web site: \_\_\_\_\_

6. Title of this activity: \_\_\_\_\_

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

\_\_\_\_\_

8. Date(s) of this activity (if applicable): \_\_\_\_\_

9. Number of contact hours (excluding breaks): \_\_\_\_\_

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.

11. Please attach a brochure/flyer for your activity (showing date, time, session titles), an hour-by-hour schedule with session descriptions and the speakers' resumes. Drafts are acceptable. (If you are hosting a Multiple or Repeat Event, make sure your attachment includes all dates and locations at which your event will be offered.)

12. State the specific educational goals of your activity with respect to the Certified Strength and Conditioning Specialist and/or the NSCA-Certified Personal Trainer:

\_\_\_\_\_

\_\_\_\_\_



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## 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: \_\_\_\_\_ \$15

c. . . . . Total session fees (a x b): \_\_\_\_\_ \$ \_\_\_\_\_

d. . . . . Basic application fee: \_\_\_\_\_ \$75

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: \_\_\_\_\_ \$50

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

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

a. . . . . Total application fee: \_\_\_\_\_ \$115

**NSCA State/Provincial Director's Clinic** (See page 6 for details)

a. Number of times this clinic will be offered in a 12-month period: \_\_\_\_\_

b. Credit (no fee for the first two clinics in a 12-month period): \_\_\_\_\_ 2

c. Number of additional times the clinic is offered (a - b): \_\_\_\_\_

d. . . . . Fee for each additional clinic: \_\_\_\_\_ \$25

e. . . . . Total application fee (c x d): \_\_\_\_\_ \$ \_\_\_\_\_

**Repeat Events** (See page 6 - 7 for details)

a. 10 - 15 offerings of same event (\$250): \$ \_\_\_\_\_

b. 16 - 20 offerings of same event (\$275): \$ \_\_\_\_\_

c. . . . . 20+ offerings of same event (\$300): \$ \_\_\_\_\_

d. . . . . Total fee (a, b, or c): \$ \_\_\_\_\_

## 14. Total Fee Due:

a. Total application fee (from #13): \$ \_\_\_\_\_

b. Credit: If the contact person is CSCS or NSCA-CPT certified and this is the first or second application submitted for the calendar year, enter \$50 on this line: \$ \_\_\_\_\_

c. If the application is being submitted less than four weeks prior to the activity, enter \$100 on this line: \$ \_\_\_\_\_

d. Total fee (a - b + c): \$ \_\_\_\_\_

## 15. Method of Payment:

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

VISA  MasterCard  American Express

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: x \_\_\_\_\_

**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.

x \_\_\_\_\_  
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



# How to Apply

## STEP 1:

Complete the CEU Provider Application on pages 9 and 10. Except in cases where the same activity is repeated at different times/locations during a year, separate applications are required for each activity.

## STEP 2:

Calculate the applicable fee due for your activity (Items 13 and 14 on the CEU Provider Application).

## STEP 3:

Send the items on the checklist (to the right) to the NSCA Certification Department at the address below.



NSCA Certification Department  
1885 Bob Johnson Dr., Colorado Springs, CO 80906  
Phone: 719-632-6722 • Toll-free: 800-815-6826  
Fax: 719-632-6367 • Email: [provider@nsca-lift.org](mailto:provider@nsca-lift.org)  
Web: [www.nsca-lift.org](http://www.nsca-lift.org)



## CEU Provider Checklist

- The completed and signed application (official contact person must sign the application)\*
- The appropriate application fee\*\*
- A brochure or flyer that shows the date, time, section titles and speakers for the activity (a draft is acceptable)
- Hour-by-hour schedule and course/session description(s)
- If you are applying for a Multiple or Repeat Event Listing, attach a listing of all dates and locations where the activity will take place
- A resume for each speaker involved

\* Allow four weeks for processing. Please be aware that incomplete applications will be returned to the contact person for completion, and the four week processing time will not begin until the complete application is received.

\*\* Also note that a late fee will be assessed for any application submitted less than four weeks before an event. (See application for details.)



The CSCS and NSCA-CPT certifications are accredited by the National Commission for Certifying Agencies.