

ONLINE NSCA-CPT PRACTICE EXAM – COMMENT FORM – VOLUME ONE

Directions: Based upon this scale, circle the number that BEST represents your opinion about the statements below.

1 = Strongly disagree 2 – Somewhat disagree 3 = Neutral, uncertain 4 = Somewhat agree 5 = Strongly agree

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|--|---|---|---|---|---|
| 1. This Practice Exam accurately reflects the <u>content</u> of the NSCA-CPT exam. | 1 | 2 | 3 | 4 | 5 |
| 2. This Practice Exam accurately reflects the <u>difficulty</u> of the NSCA-CPT exam. | 1 | 2 | 3 | 4 | 5 |
| 3. This Practice Exam’s <u>preparation and exam-taking directions</u> are easy to understand and follow. | 1 | 2 | 3 | 4 | 5 |
| 4. This Practice Exam’s <u>self scoring directions</u> are easy to understand and follow. | 1 | 2 | 3 | 4 | 5 |
| 5. This Practice Exam’s <u>references for each question</u> are helpful and easy to locate. | 1 | 2 | 3 | 4 | 5 |
| 6. The Practice Exam helped me to identify areas of proficiency and those needing improvement. | 1 | 2 | 3 | 4 | 5 |
| 7. This Practice Exam can positively contribute to a successful performance on the NSCA-CPT exam. | 1 | 2 | 3 | 4 | 5 |

After sitting for and passing the NSCA-CPT exam, you can earn 0.5 CEUs by completing the above survey, filling in the lines below (all items are required for processing) and sending this form to:

**NSCA Certification
1885 Bob Johnson Drive
Colorado Springs, CO 80906**

Last Name _____ First Name _____ MI _____ Today’s Date _____

Street Address _____

City _____ State /Province _____ ZIP/Postal Code _____ Country _____

Home Phone _____ Work Phone _____ Fax _____

NSCA Certified Personal Trainer Exam Date _____ Location (City, State) _____

Confirmation Number (from email) _____ Certification Number (on NSCA-CPT certificate) _____