

## ***ONLINE CSCS PRACTICE EXAM – COMMENT FORM – VOLUME TWO***

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**

- |                                                                                                          |   |   |   |   |   |
|----------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. This Practice Exam accurately reflects the <u>content</u> of the CSCS exam.                           | 1 | 2 | 3 | 4 | 5 |
| 2. This Practice Exam accurately reflects the <u>difficulty</u> of the CSCS 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 CSCS exam.            | 1 | 2 | 3 | 4 | 5 |

After sitting for and passing the CSCS 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 \_\_\_\_\_

Certified Strength and Conditioning Specialist Exam Date \_\_\_\_\_ Location (City, State) \_\_\_\_\_

Confirmation Number (from email) \_\_\_\_\_ Certification Number (on CSCS certificate) \_\_\_\_\_