NSCA Certification Exam Transfer Form

Date: _	Customer ID:				
Name:	·				
Addres	ss:				
Phone	: Email:				
ORIGII	NAL EXAM INFORMATION				
	Original Exam Type: ☐ CSCS	□ NSCA-CPT	☐ CSPS	□ TSAC-F	
	Original Exam Format: ☐ Paper/	['] Pencil □ Compu	uter Based Test	(CBT)	
	If Computer Based Test (CBT) have	you already schedu	led a date with	AMP? Y or N	
	If Yes, what date are you scheduled for:				
	If Paper/Pencil Exam Date & Site:				
NEW E	EXAM INFORMATION				
	New Exam Type: ☐ CSCS ☐ I	NSCA-CPT □ C	SPS 🗆 T	SAC-F	
New Exam Format: ☐ Paper/Pencil ☐ Computer Based Test (CBT)					
	If Paper/Pencil Exam Date & Site:				
Fees:					
□ Res	chedule Paper/Pencil Exam = \$100				
☐ Swi	tch Exam Format (e.g., Paper/Pencil	Exam to a CBT) = \$15	50		
☐ Swi	tch Exam Type (e.g., CSCS to NSCA-C	CPT) = \$125			
□ СВТ	120-day extension = \$100 (must be	within original 120-c	lay eligibly wind	dow to qualify)	
Payme	ent:				
□ CAS	SH CHECK	□ VISA	☐ MASTER	CARD	
☐ AMERICAN EXPRESS		☐ DISCOVER			
Account #		Exp. Date CVV#			
Name	on card				

NOTE: This form will allow you to type directly on the form. However, depending on the version of Adobe you have, it may not allow you to save the information to email it back. If it does not allow you to save and email the form back, please print and fax the form back to us. You can also copy and paste the form into a word document.

Return Delivery Method:

Email – transfer@nsca.com Fax: 719-632-6367

Mail: NSCA; 1885 Bob Johnson Drive; Colorado Springs, CO 80906