



CEC PETITION

FULL NAME: _____

POSTAL CODE/ZIP: _____

ADDRESS: _____

E-MAIL: _____

CITY: _____

PHONE: _____

PROVINCE/STATE: _____

COUNTRY: _____

MEMBER ID: _____

REQUIRED DOCUMENTS

- For certification programs - Certificate of completion and course agenda
- For school courses - Course syllabus (Indicating Hours) / Official/Unofficial Transcript etc.
- For online courses - Certificate of completion / course outline (Indicating Hours)
- For live courses - Certificate of completion and course outline (Indicating Hours)

PETITION FEES

There is a \$15 CAD + HST per course/event/conference petitioned.

PAYMENT METHOD

VISA MasterCard American Express

CARD HOLDER: _____ CVD (3-4 DIGIT NUMBER): _____

CARD NUMBER: _____ EXP. DATE (MM/YY): ____/____

CEC PETITION TERMS OF AGREEMENT

I ACKNOWLEDGE THAT THE INFORMATION CONTAINED ON THIS CEC PETITION FORM IS TRUE, COMPLETE AND CORRECT. I UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR MAINTAINING AN ACCURATE AND UP-TO-DATE RECORD OF MY FIRST AID, CPR AND CONTINUING EDUCATION CREDITS WHICH MAY BE REQUESTED BY CPTN AT ANY TIME AFTER BECOMING CERTIFIED AS PART OF A RANDOM AUDIT PROCESS. I AGREE TO RELEASE TO CPTN ANY INFORMATION RELEVANT TO MY CERTIFICATION. I FURTHER UNDERSTAND IF ANY OF THIS INFORMATION IS LATER DETERMINED TO BE FALSE, THE CPTN RESERVES THE RIGHT TO REVOKE ANY CERTIFICATION THAT HAS BEEN GRANTED ON THE BASIS HEREOF. I ACCEPT AND AGREE TO ADHERE TO THE CPTN CODE OF ETHICS. I UNDERSTAND THAT CPTN MEMBERSHIP DOES NOT CERTIFY OR IN ANY WAY GUARANTEE THE QUALITY OF MY WORK AS A FITNESS INDUSTRY, CERTIFIED PROFESSIONAL. I THEREFORE AGREE TO INDEMNIFY AND HOLD HARMLESS CPTN, ITS OFFICERS, DIRECTORS AND STAFF FROM ANY CLAIMS DUE TO NEGLIGENCE, OMISSION OR FAULTY ADVICE THAT I MAY GIVE TO CLIENTS AS A CPTN MEMBER AND FITNESS INDUSTRY PROFESSIONAL. I UNDERSTAND THAT CPTN IS NOT RESPONSIBLE FOR ANY ACTIONS OR DAMAGES FROM ANY PERSON ARISING OUT OF MY WORK AS A CPTN MEMBER IN GOOD STANDING OR AS A FITNESS INDUSTRY PROFESSIONAL.

SIGNATURE

_____/_____/_____
DATE (MM/DD/YYYY)

LIST OF NON-APPROVED COURSES COMPLETED

PROVIDER	COURSE TITLE	DATE COMPLETED	CECS
Example Inc.	Conference	MM/DD/YYYY	7

Note: Courses must be current for the certification renewal period. Extra CECs are not transferable to the next renewal period. The maximum credits awarded is CPTN-7 for petitioned courses. One hour of continuing education equals one CPTN CEC.

INSTRUCTIONS

1. Obtain as much of the following as proof of completion for the course to be submitted:
 - A scanned image or document of the certificate of completion,
 - A scanned image or document of the title page,
 - A scanned image or document of the course outline (indicating course hours),
 - A scanned image or document of the table of contents,
 - A scanned image or document of transcripts.
2. Submit the requirements using our Document Upload page or e-mail to education@cptn.com.
3. Complete and submit the Petition Form.

COURSES NOT ACCEPTED THROUGH PETITION

- Activities and training sessions
- Master classes and workouts
- Clinical hours
- Internships
- Teaching hours
- Self-preparation for a test/quiz/exam or lecturing
- Job preparation training courses
- Health and Fitness Books
- Health and Fitness VHS/CD/DVD training
- Courses outside the scope of Health and Fitness

PLEASE SUBMIT THIS APPLICATION INCLUDING:	E-MAIL TO:
<ul style="list-style-type: none">• Electronic copies of the certificate of completion for the courses petitioning.• Electronic copies of the course outline, indicating the amount of hours in each subject. One hour of continuing education equals 1 CPTN CEC.• Electronic copies of the outline provided at the class. For correspondence courses include a title page and table of contents.• An e-mail subject of "CPTN CEC Petition"	Lucinda Jensen education@cptn.com