

International Sports Sciences Association (ISSA)

1015 Mark Avenue, Carpinteria, CA. 93013
(800) 892-4772, (805) 745-8111, Fax: (805) 745-8119
www.FitnessEducation.com



Petition for CEU Program Approval

PLEASE COMPLETE THIS FORM TO REQUEST APPROVAL FOR CONTINUING EDUCATION COURSES NOT PRE-APPROVED BY ISSA.

NAME

ADDRESS

HOME PHONE

WORK PHONE

EMAIL

CEU COURSE INFORMATION

COURSE/CEU ACTIVITY TITLE:		
TYPE OF ACTIVITY: <input type="checkbox"/> Workshop <input type="checkbox"/> Seminar <input type="checkbox"/> Home Study <input type="checkbox"/> Conference <input type="checkbox"/> Other _____		
DATE(S)	CONTACT HOURS (EXCLUDING SCHEDULED BREAKS)	
COURSE/CEU PROVIDER		
PHONE	EMAIL	WEB SITE

PAYMENT INFORMATION (PETITION FEE IS \$10 NON-REFUNDABLE FOR EACH COURSE PETITIONED)

PAYMENT TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> AM/EX <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTER CARD <input type="checkbox"/> CHECK <input type="checkbox"/> MO	
CARD NUMBER:	EXPIRATION DATE:
CHECK NUMBER:	MONEY ORDER NUMBER:
<small>MAKE CHECKS AND MONEY ORDERS PAYABLE TO ISSA (A \$20 FEE WILL BE ASSESSED ON RETURNED CHECKS.)</small>	
TOTAL AMOUNT: \$ <small>(PAYMENT MUST BE MADE IN US DOLLARS.)</small>	
SIGNATURE (REQUIRED)	
<i>Note: All continuing education approved to recertify any ISSA credential must fall within the scope of practice as a personal trainer.</i>	

PLEASE ANSWER THE FOLLOWING QUESTIONS IN ADDITION TO SUPPLYING THE REQUIRED INFORMATION AND DOCUMENTS

WHAT AREA(S) OF CONCENTRATION DOES THIS COURSE COVER? (CHECK ALL THAT APPLY)		
<input type="checkbox"/> CLIENT ASSESSMENT	<input type="checkbox"/> NUTRITION	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> EXERCISE TECHNIQUE	<input type="checkbox"/> KINESIOLOGY/BIOMECHANICS	
<input type="checkbox"/> PROGRAM DEVELOPMENT	<input type="checkbox"/> PROFESSIONAL RESPONSIBILITY	
HOW HAS THIS PROGRAM BENEFITED YOU IN YOUR CAREER AS A PERSONAL TRAINER? (IF YOU NEED MORE ROOM, PLEASE CONTINUE ON BACK OF PAGE)		
• SUBMIT A COPY OF ALL REQUIRED INFORMATION FOR EACH COURSE (INCLUDING THIS APPLICATION WITH YOUR RENEWAL APPLICATION)* <small>* PETITIONS NOT ACCOMPANYING THE RENEWAL APPLICATION WILL NOT BE ACCEPTED.</small>		
• INSTRUCTOR NAME	• REFERENCED TEXT MATERIAL	
• CERTIFICATE OF COMPLETION	• COURSE OBJECTIVE	

ALLOW 30 DAYS FOR PROCESSING OF YOUR APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. IF YOU HAVE QUESTIONS ABOUT ISSA RECERTIFICATION, PLEASE FEEL FREE TO CONTACT US AT 805.881.1111.