

# 2009 ACSM REGISTERED CLINICAL EXERCISE PHYSIOLOGIST® Application

**Mail the certification application to:**

ACSM National Center, Certification  
Department 6022, Carol Stream, IL  
60122-6022, USA,  
Phone (317) 637-9200, ext. 115

**First-time RCEP candidates must submit all of the following to be considered for the exam:**

- Application
- One official copy of your university transcript noting the degree completion
- A summary description of the program of study as written in the university catalog or university department materials
- A completed clinical experience documentation form (see back page) for individuals who have not passed ACSM Certified Clinical Exercise Specialist

Once approved a candidate can register to take exam, by visiting  
[www.pearsonvue.com/acsm](http://www.pearsonvue.com/acsm)

For exam deadlines, see the box in the upper right hand corner.

If you do not meet the RCEP eligibility criteria, only your exam fee will be fully refunded and you may re-apply once you fulfill the requirements.

**Please indicate your name as you would like it to appear on your certificate. ACSM files will reflect this name and address. Please do not abbreviate.**

Dr.  Mr.  Ms.  Mrs.

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone \_\_\_\_\_

Home Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Special Accommodations Required \_\_\_\_\_

University Attended \_\_\_\_\_

Degree and Major relevant to requirements \_\_\_\_\_ Year \_\_\_\_\_

Other current certifications \_\_\_\_\_

**NEW!**

- If a candidate is approved between the dates of January 1, 2009 and July 31, 2009, he/she will be issued a voucher code that can be used immediately, but will expire on December 31, 2009.
- If a candidate is approved between the dates of August 1, 2009 and December 31, 2009, he/she will receive a voucher code that can be used immediately, but will expire on May 31, 2010.
- Extensions past the voucher code expiration must be requested in writing. If an extension is granted, an administration fee may apply.

**Candidates**

- Master's Degree from a college or university in exercise science, movement science, exercise physiology, or kinesiology.
- Current Certification as a Basic Life Support Provider or CPR for the Professional Rescuer

One of the Following (*Check One*):

ACSM Certified Clinical Exercise Specialist certification (current or expired)

ACSM I.D. \_\_\_\_\_

OR

600 hours of clinical experience

**Mail to:**

ACSM National Center  
Certification Dept. 6022  
Carol Stream, IL 60122-6022

**Exam Cost through December 31, 2009**

	<small>Check all that apply</small>
Exam	<input type="checkbox"/> \$299.00
Workshop	<input type="checkbox"/> \$250.00
ACSM Certified Clinical Exercise Specialist	<input type="checkbox"/> -\$30.00
ACSM Members	<input type="checkbox"/> -\$60.00
Workshop Participant	<input type="checkbox"/> -\$30.00
Total	<input type="checkbox"/> \$ _____
<b>Total</b>	<b>\$ _____</b>

**Payment**

Payment must be in U.S. dollars. Make check payable to ACSM. \$25 fee for returned checks o Federal ID number 23-6390952

Pay by:  MasterCard®  VISA®  Enclosed Check

Credit Card Number: all 13 or 16 numbers must be given

\_\_\_\_\_

Expiration Date month/year | \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_

Authorized Signature

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I, by the signature affixed above, understand that continued CPR certification is a necessary component of, and requirement for, valid ACSM certification; and I confirm that I have met all of the minimum requirements for this level of credential and will provide proof if necessary. I have completed the application to the best of my knowledge and the information is accurate and true. I have read, understand, and agree to the registration transfer and cancellation agreement, which can be found on page 14 of the ACSM Get Certified Guide.



# American College of Sports Medicine — Registered Clinical Exercise Physiologist®

## Required Clinical Experience Documentation for Individuals who have not passed the ACSM Certified Clinical Exercise Specialist exam

The RCEP Practice Board requires clinical experiences across all practice domains and completion of the attached matrix as part of your application.

A total of 600 clinical hours are required for candidates who have not passed the ACSM Certified Clinical Exercise Specialist credential.

Please provide as accurate an assessment as possible of your total clinical experiences. Only hours associated with exercise assessment, prescription, supervision, counseling and education in which you

assisted in or played a direct role in providing services will be accepted. These hours may be obtained with patients with co-morbid conditions. For example, if you work with a patient with Coronary Heart Disease and Parkinson's Disease, the time you spent working with the patient may be counted in two practice areas. If you were providing exercise evaluation or programming specific to each of the conditions. Your site supervisor/validator(s) may be contacted to verify your experiences.

Setting	Total Hours Earned	Dates of Experience	Candidate job title (specify role)*	Type of facility/Program	Supervisor/Validator/Title	Phone number and E-mail contact
Cardiovascular						
Pulmonary						
Metabolic						
Orthopedic/ Musculoskeletal						
Neuromuscular						
Immunologic/ Hematologic						

\* P - professional work experience S - student internship V - volunteer experience

I confirm that the information above accurately summarizes my clinical experience in preparation to qualify for the RCEP® Registry examination. I understand that falsification of this information could result in the revocation of the RCEP® credential.

Signature of Applicant: \_\_\_\_\_

