



Certification Reinstatement Request Form

Name _____ ACSM ID # _____

Lapsed certification(s) & CECs required:

- ACSM-CPT (45) ACSM-GEI (45) ACSM-EP (60) ACSM-CEP (60) CET (15) PAPHS (45) CIFT (15)

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____

REINSTATEMENT REQUIREMENTS	DOCUMENTATION REQUIREMENTS
<input type="checkbox"/> Completed Certification Reinstatement Request Form <input type="checkbox"/> A detailed description of why you are requesting reinstatement <input type="checkbox"/> Documentation to support the reinstatement claim <input type="checkbox"/> Reinstatement Fee: \$150 USD per credential <input type="checkbox"/> Documentation of all completed the CECs for the last active cycle(s).	Documentation must include*: <input type="checkbox"/> Proof of attendance * Must include name and event date(s) * Activity was completed within respective 3-year certification cycle <input type="checkbox"/> Detailed content discussed (<i>content must be related/consistent with reinstated certification</i>) <input type="checkbox"/> The number of contact hours or the number of CECs awarded for attending

FEE

- Check
 Money Order
 Visa
 Mastercard
 Discover
 Amex
 Reinstatement Fee \$150 USD (per credential)*
*will only be charged for approved reinstatements

Card Numbers: _____ Expiration: _____ CVV: _____

I affirm that the information I am providing is true and accurate. I acknowledge that I am requesting certification reinstatement that may be granted only once in a certificant's lifetime. I understand during a late renewal, my subsequent certification cycle will be set from the renewal date (lapsed date) and not from the reinstatement application approval date.

Signature

Date

Fax to 317-634-7817, scan/email to certification@acsm.org or send by postal mail to ACSM,
Attn: Certification Dept, 401 W. Michigan Street, Indianapolis, IN 46202