Appendix F

Emeritus Application

Policy
Emeritus Certification Status allows an individual to retain a professional title without the need to meet future recertification requirements. Achieving this status eliminates the need to document and submit recertification credits for the ACSM Certifications for which Emeritus status is sought.

Certified Professionals who achieve ACSM Emeritus Certification Status will use the designation “Emeritus” in their certification credentials e.g. “ACSM Certified Personal Trainer - Emeritus” or “ACSM-CPT-E”.

To be eligible for Emeritus status, an ACSM certificant must meet the following requirements:

- 65 years or older
- Continuously certified for at least 10 years
- Retired (no longer practicing as an exercise professional)
- No disciplinary action or ethics violations

Emeritus Fee $150.00 USD

Applicant Information

ACSM ID Number:

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>Dr.</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address:

City | State | Postal Code | Country

Business Phone | Home Phone | E-mail

Since you last renewed your certification, have you been convicted of any felonies or are you currently serving any sentences for felony convictions? YES NO

Since you last renewed your certification, have you ever been disciplined by a regulatory board, certifying agency or examination agency or education institution? YES NO

Since you last renewed your certification, have you ever been declared mentally incompetent by a court of law? YES NO If yes, when? ________________________________

Fee

Check/Cash Enclosed - ACSM Fed ID # 23-69-0952 ($25 fee for all returned checks)

MasterCard | VISA | AMEX | Discover

Expiration Date | (3 or 4 digit security code)

By signing below, I understand that continuing education credits and CPR certification are a necessary component of, and requirement for, valid ACSM certification. By sending in this ACSM Recertification form, I confirm that I meet all of the requirements to renew the level(s) of credential that I have marked above and will provide documentation of all CECs and valid CPR if requested. I have completed the above application to the best of my knowledge and the information is accurate and true. I authorize ACSM to charge my credit card the amount listed above for my recertification fee.

Signature ____________________________ Date ____________________________

Email to certification@acsm.org or send by mail to ACSM, Attn: Certification Dept, 401 W. Michigan Street, Indianapolis, IN 46202