



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: _____

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Last Name	First Name	Middle Initial
Address:			<input type="checkbox"/> Home <input type="checkbox"/> Work
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 declared mentally incompetent by a court of law?

YES NO

If yes, when? _____

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

Fee

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

MasterCard VISA

AMEX Discover (All 13 or 16 numbers must be given) (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