



Appendix D

ACSM Recertification Form

All certified professionals are encouraged to complete recertification online at www.certification.acsm.org

Please fill in the information below. This information will be used for all ACSM mailings.

ACSM ID Number:		Certificate 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	
CPR Expiration Date:		CPR Certified by	

ACSM CECs applicable for this cycle: _____

Renewal Fees: Please check the amount for the certification that you wish to renew. If renewing more than one credential, please pay the renewal fee for the highest certification you have plus \$5 per additional credential you hold. **Pay the late fee if renewing after your certification has expired.**

Recertification Fees

	CECs Required	Recertification Fees (before Dec 31, 2021)	Recertification Fees (starting Jan 1, 2022)
<input type="checkbox"/> ACSM Certified Group Exercise Instructor® (ACSM-GEI®)	45	\$45	\$55
<input type="checkbox"/> ACSM Certified Personal Trainer® (ACSM-CPT®)	45	\$45	\$55
<input type="checkbox"/> ACSM Certified Exercise Physiologist® (ACSM-EP®)	60	\$55	\$65
<input type="checkbox"/> ACSM Certified Clinical Exercise Physiologist® (ACSM-CEP®)	60	\$55	\$65
<input type="checkbox"/> ACSM Certified Health/Fitness Director® (ACSM-HFD®)	60	\$55	\$65
<input type="checkbox"/> ACSM Certified Program Director® (ACSM-PD®)	60	\$55	\$65
<input type="checkbox"/> ACSM/NCHPAD Certified Inclusive Fitness Trainer SM (CIFT SM)*	15	\$35	\$45
<input type="checkbox"/> ACSM/ACS Certified Cancer Exercise Trainer SM (CET SM)*	15	\$35	\$45
<input type="checkbox"/> ACSM/NPAS Physical Activity in Public Health Specialist SM (PAPHS SM)	45	\$35	\$45
<input type="checkbox"/> ACSM Exercise Test Technologist (ETT)	30	\$45	\$45
<input type="checkbox"/> Per additional credential			\$10
<input type="checkbox"/> Late Fee			\$75

Total (USD) \$ _____

*Must maintain NCCA accredited certification for renewal

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