



2016 Continuing Education Approved Provider Application

Thank you for your interest in becoming a 2016 Continuing Education Approved Provider.

NASM and AFAA support ongoing professional development and education by **requiring Members to recertify** every two years. To qualify, Members must complete Continuing Education Units (CEUs) from Approved Providers. CEU points are awarded based on the number of hours spent in a structured educational format.

Please note that NASM and AFAA Members have **separate** recertification processes. Within this application, Educators may apply to be a NASM Approved Provider, an AFAA Approved Provider, or BOTH at a discounted rate.

Once approved:

- Your course(s) will appear on the associated, searchable, online CEU Approved Provider list. Note: NASM and AFAA have **separate** lists.
- A link to your website will be included.
- The CEU value (in the associated recertification point system) will be posted.
- You will receive instructions for the authorized use of the associated logo(s).

CEU Providers must demonstrate the following:

- **Health and Fitness Topical Relevance** (i.e. anatomy, nutrition, weight control, wellness, sports medicine, biomechanics, business management, exercise assessment, fitness program design, special populations, strength training, kinesiology, biomechanics, behavioral change, sports psychology, exercise physiology)
- **Credible Content** (i.e. proven/scientifically valid information and/or practical application /methods)
- **Instructor Credentials and Related Experience** (i.e. certification, accreditation, and/or related degree)

Please note that approval is awarded for a **specific course for a specific calendar year**.

HOW TO APPLY:

1. Complete one Approved Provider Application for each course.
2. Make your payment by phone at **800.446.2322, Option 2**
3. Submit your completed **application(s), supporting documentation** and **sample course completion certificate(s)** to providerprogram@nasm.org

Please complete one application per course.

PROVIDER NAME *(Must match completion certificate name)* _____

HAS THIS PROVIDER BEEN PREVIOUSLY APPROVED BY NASM or AFAA? **NO** _____ **YES** _____

If yes: **NASM PROVIDER #** _____ **AFAA PROVIDER #** _____

CONTACT NAME *First/Last* _____

PROVIDER ADDRESS *City/State/ZIP* _____

PROVIDER PHONE _____ **CONTACT PHONE** _____

PROVIDER EMAIL _____ **CONTACT EMAIL** _____

WEBSITE *The link for the approved provider list(s)* _____

COURSE NAME *As listed on the completion certificate* _____

OF STRUCTURED COURSE HOURS _____

DESCRIBE THE COURSE RELEVANCE FOR NASM AND/OR AFAA MEMBERS

DESCRIBE THE COURSE CONTENT

Please describe course content below and provide course access for on-line programs. If not available online, provide documentation of your course for review and approval. Include copies of: sample program materials, agendas, certificate of completion.

DESCRIBE CREDENTIALS OF COURSE AUTHOR(S)/PRESENTER(S)

Please provide resumes and/or biographies for all individuals responsible for the creation or instruction of course material.

COURSE DELIVERY

SELF-STUDY _____ # WORKSHOPS _____ # CONFERENCE SESSIONS _____

LOCATION(S)/DATE(S)

2016 FEE CALCULATION

BEST VALUE! SAVE 20%

Course Type	Select	NASM Provider	Select	AFAA Provider	Select	NASM <i>and</i> AFAA	SUB-TOTAL
Self Study		\$100		\$100		\$160	\$
Workshop		\$100		\$100		\$160	\$
Series*		\$25		\$25		\$40	\$
Conference 1-20 sessions		\$250		\$250		\$400	\$
Conference 21-60 sessions		\$450		\$450		\$720	\$
Conference 61+ sessions		\$600		\$600		\$900	\$
						TOTAL FEE	\$

*Series pricing applies to courses grouped together to create a course progression

TERMS

Please allow 30 days for processing. We can only process paid in full applications. We will attempt to contact you by email if your application is incomplete. If your application remains incomplete or is not approved, your request will be cancelled and all fees paid for that request will be refunded. We reserve the right to cancel the Approved Provider status at any time. If we cancel your Approved Provider status, we will issue a prorated refund for the associated fees paid.

Applicant Signature: _____

Date: _____

→ Make your payment by phone at **800.446.2322, Option 2**

→ Submit the completed **application(s), supporting documentation and sample course completion certificate(s)** to providerprogram@nasm.org