

# CERTIFIED GROUP FITNESS INSTRUCTOR RE-CERTIFICATION APPLICATION

Your AFAA certification demonstrates your commitment to excellence. In order to maintain your credential, you will need to meet the following recertification requirements:

## **RE-CERTIFICATION REQUIREMENTS CHECKLIST:**

**Completion of 15 CEUs within 2 years of certificate date**

- Continuing Education activities are intended to promote the development of professional skills, knowledge and judgment. CEUs are awarded based on the number of hours spent in a structured educational format. **A minimum of 15 CEUs is required for recertification which is equivalent to 15 contact hours** (1 contact hour is equivalent to 1 CEU). **Two contact hours (2 CEUs) must be from an AFAA or NASM course.**

CEU credits from the following categories are accepted:

- Category A: AFAA Workshops, AFAA courses, and authorized Continuing Education Providers.
- Category B: Industry Contributions.
- Category C: Accredited onsite college and university courses in accepted subject areas: Anatomy, Exercise Physiology, Sports Psychology, Nutrition, Kinesiology, and/or Physical Therapy. AFAA units will be equivalent to two times (2x) the amount of college credit (i.e., 3 credit hours = 6 AFAA CEUs).
- Category D: CPR/AED certification - The **CPR/AED** certification is a **MANDATORY** requirement. All CPR/AED courses are worth 2 CEUs and must have a hands-on training component. Examples of approved providers include: American Heart Association, American Red Cross, and American Safety and Health Institute.

Note: If you have CEU credits that do not fall into the above categories, you will need to complete the [AFAA CEU Petition Application](#).

**Payment of the Recertification Fee (not applicable for Recertify For Life candidates)\***

\*Payment should include any applicable late fees.

**Submission of this completed application (Pages 2&3) including all CEU and CPR/AED supporting documentation**

## **HOW TO SUBMIT**

STEP 1: Fill out contact and continuing education information.

STEP 2: Make your payment online at [www.afa.com](http://www.afa.com) or by phone at 800-446-2322.

STEP 3: Sign and date this application.

STEP 4: Mail or email **complete** documentation\*. Please include:

- This application (with proof of a name change if applicable.)
- A copy of the documents that validate your earned CEUs.
- A copy of the FRONT and BACK of your **hands-on** CPR/AED certificate.

*\*If mailed, please do not send originals. Documents will not be returned.*



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**STEP 1:**

**WHAT NAME IS ON YOUR EXISTING CERTIFICATE(S)?**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

**HAS YOUR NAME CHANGED?** \_\_\_\_\_ YES \_\_\_\_\_ NO If your name has changed since your current certificate was issued, please submit a copy of the legal proof of your name change with your CEU documentation.

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State/Zip

**CONTINUING EDUCATION UNITS**

Please submit a **copy** of each required document with your application. Documents will not be returned. CEUs must be earned within 24 months of your application date. A minimum of 15 contact hours is required for re-certification. **Two contact hours (2 CEUs) must be from an AFAA or NASM course.**

| CATEGORY # | CEU TYPE   | REQUIRED PROOF  |
|------------|--|---|
| A          | AFAA Courses & Approved Providers                          | Copy of the Certificate of Completion                     |
| B          | Industry Contributions                                     | Letter of acknowledgement, copy of article, outline notes |
| C          | Collegiate Coursework                                      | Copy of the <b>official</b> transcript                    |
| D          | CPR/AED <b>Hands-On</b> Certification ( <i>mandatory</i> ) | Copy of the Front and Back of card                        |

| CATEGORY # | CEU PROVIDER NAME                    | # CEUs |
|------------|--------------------------------------|--------|
| <b>A</b>   | <b>AFAA/NASM COURSE (Mandatory):</b> |        |
| <b>D</b>   | <b>CPR/AED (Mandatory):</b>          |        |
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# CERTIFIED GROUP FITNESS INSTRUCTOR RECERTIFICATION APPLICATION

| Certification                      | Certificate Number | Exp. Date | \$399*<br>Recertify<br>for Life | \$99<br>Recertification<br>Fee | \$50<br>Late Fee** | TOTAL |
|------------------------------------|--------------------|-----------|---------------------------------|--------------------------------|--------------------|-------|
| Certified Group Fitness Instructor |                    |           | \$                              | \$                             | \$                 | \$    |

\* Never pay another recertification fee for your certificate(s). One Recertify for Life payment will apply to all current NASM/AFAA certificates. You are still required to submit your recertification application and provide all supporting documentation each recertification cycle. Late fees still apply.

\*\* A Late Fee is required for applications received 1-180 days after the certificate expiration date.

**STEP 2: Make your recertification payment online at [www.afa.com](http://www.afa.com) or by phone at 800-446-2322.**

**IMPORTANT:** We will only process paid in full and complete applications. All fees are non-refundable. Please allow 30 days for processing. We will attempt to contact you by email if your application is incomplete. If the application remains incomplete after 30 days, you will be required to resubmit your application and payment of any additional late fees.

### STEP 3: SIGNATURE

- I have conducted myself as an AFAA-CGFI in accordance with the AFAA Code of Professional Conduct.
- The information contained on this report is a true and accurate statement of my continuing education activities.
- I am aware that falsification of this report may result in the revocation of my AFAA-CGFI certification.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

### STEP 4: EMAIL\* OR MAIL THIS APPLICATION AND ALL SUPPORTING DOCUMENTS TO:

EMAIL: [recerts@ascendlearning.com](mailto:recerts@ascendlearning.com)

\* Application, CPR/AED card and supporting documentation must be submitted in one PDF file.

MAIL: AFAA RECERTIFICATION DEPARTMENT  
355 E GERMANN RD, SUITE 201  
GILBERT, AZ 85297