

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

RECERTIFICATION REQUIREMENTS CHECKLIST:

- ☐ **Completion of 15 contact hours 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 15 contact hours is required for recertification. Two contact hours 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.
 - Category D: CPR/AED certification - The **CPR/AED** certification is a **MANDATORY** requirement. All CPR/AED courses are worth 2 contact hours 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 or by phone at 800-446-2322.

STEP 3: Sign and date this application.

STEP 4: Email or mail **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.*



WHAT NAME IS ON YOUR EXISTING CERTIFICATE(S)?

FIRST NAME LAST NAME

PHONE () **EMAIL**

ADDRESS _____
Street City State/Zip

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 renewal. **Two contact hours 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
C	Collegiate Coursework	Copy of the official transcript
D	CPR/AED Hands-On Certification (<i>mandatory</i>)	Copy of the Front and Back of card

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CERTIFICATION RENEWAL APPLICATION

WHICH CERTIFICATION(S) ARE YOU RENEWING?

Certification	Certificate Number	Exp. Date	\$399* Recertify for Life	\$99 Recertification Fee	\$50 Late Fee**	Sub-Total
Primary Group Exercise			\$	\$	\$	\$
Personal Fitness Trainer			\$	\$	\$	\$
Certified Indoor Cycling Instructor			NA	\$	\$	\$

* 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 each application received 1-180 days after the certificate expiration date.

STEP 2: Make your recertification payment online at 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

- 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 credential.

Date: _____ Signature: _____

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

EMAIL: 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