Certification Renewal Form

Please complete the following form.
Incomplete forms cannot be processed.

Name _____ IFTA Certification Number(s) _____
List all that are to be renewed

Address _____

City _____ State _____ ZIP/Postal Code _____

☐ Check here if this is a new address ***Please allow 2 to 4 weeks for your updated certificate to arrive.***

List completed courses (3 IFTA CEC's are required for Specialty Certificates, i.e. Step, Personal Trainer, every calendar year) 6 IFTA & 6 additional CEC's (AAAI, AFAA, AEA are acceptable) are required for Group Fitness Leader Primary Certificates every two years).

Date:	Approved Course #:	Course Title:	Total CECs Earned:
Example: 1/1/09	**IFTA05001**	**Powertrain**	**4.0**

CPR must be current upon renewal Expiration Date _____/_____ CPR Certified by _____

Renewal Fee **(Each certification):**
___ $15 prior to renewal date for Specialty Certs. **(Anything other than Group Fitness Primary Cert.)**
___ $20 up to 3 months after renewal date for Specialty Certs Certs.
___ $35 prior to renewal date for Group Fitness Primary Certs.
___ $45 up to 3 months after renewal date for Group Fitness Primary Certs.
___ $10 Specialty renewal fee **(additional fee when renewing Group Fitness Leader Primary Cert. AND a Specialty Cert.)**
___ $10 Petition Fee **(additional fee to have CECs other than IFTA accepted**)

Total Enclosed: $ _____ (**Non-Refundable)**
Check (make payable to IFTA)
Credit Card Number: (Circle Type) Visa Mastercard American Express Discover
Card Number _____ Expiration Date _____/_____ CCV#: _____

I hereby certify that the information contained on this renewal is true, complete and correct. I agree to release any information relevant to my re-certification. I further understand that Interactive Fitness Trainers of America INC reserves the right to revoke any certification that has been granted on the basis hereof. I further understand that IFTA certification does not certify or in any way guarantee the quality of my work as an IFTA-certified professional. I therefore agree to indemnify and hold harmless IFTA, its officers, directors and staff from any claims of negligence, omission or faulty advice that I may give to clients as an IFTA-certified professional. I understand that IFTA is not responsible for any actions or damages from any person arising out my work as an IFTA-certified professional.

_____ _____/_____/_____
Signature Date

UNSIGNED FORMS CANNOT BE RENEWED

Mail to IFTA, Attn: Certification Renewal, 312 W. Millbrook Rd., Ste. 141 Raleigh, NC 27609 or fax to (919) 870-0602

Call the IFTA Office at 1.800.582.1814 if you have questions.