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 ☐ Check here if you are currently ELITE, GOLD, or PLATINUM

Please allow 2 to 4 weeks for your updated certificate to arrive.

List completed courses (3 IFTA CEC's are required for GOLD or PLATINUM Renewals every calendar year)
6 IFTA & 6 additional CEC's (AFAA, AEA are acceptable) are required for ELITE Renewal every two years).

Date:	Approved Course #:	Course Title:	Total CECs Earned:	ELITE, GOLD, or PLATINUM
Example: 1/1/06	**IFTA05001**	**Powertrain**	**4.0**	**ELITE**

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

Renewal Fees:

☐ $40 prior to renewal date for GOLD (3-4 **Specialty** Certs.)
☐ $50 up to 3 months after renewal date for GOLD.

☐ $80 prior to renewal date for ELITE (Group Cert + 4 or more Specialty Certs.)
☐ $90 up to 3 months after renewal date for ELITE.

☐ $65 prior to renewal date for PLATINUM (5 or more **Specialty** Certs.)
☐ $75 up to 3 months after renewal date for PLATINUM

☐ $20 Petition Fee for first, $15.oo each for two or more courses. (Call the IFTA Office if you have questions- 1.800.582.1814)

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. 145 Raleigh, NC 27609 or fax to (919) 870-0602