Interactive Fitness Trainers OF AMERICA

2 year Specialty

Certification Renewal Form

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

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

Address _____(___)_____
Area code/Number

City _____ State _____ ZIP/Postal Code _____ Email address _____

Circle here if this is a new **address/name** change ***Please allow 2 to 4 weeks for your updated certificate to arrive.***

List completed courses **(10 IFTA CEC's are required for Specialty Certificates, i.e. Cycle, Personal Trainer, every two years)**

Date:	Approved Course #:	Course Title:	Total CECs Earned:
Example: 1/1/06	**IFTA05001**	**Powertrain**	**1.0**

CPR must be current upon renewal **(for Personal Trainer only)** Expiration Date ___/___ CPR Certified by _____

Renewal Fee **(Each certification):**
___ **$85 prior to renewal date for each 2year Specialty Cert**. **(Anything other than Group Fitness Primary Cert.)**
___ $100 up to 3 months after renewal date for each 2year Specialty Certs.
___ $125 each after 3 months past renewal date. If expired over six months, the entire certification must be retaken.

Total Enclosed: $ _____ **(Non-Refundable)**

***You can now make your renewal payment on-line at www.ifta-fitness.com. You still must submit your form and CEC proof.**

Check (make payable to IFTA)

Credit Card Number: (Circle Type) Visa Mastercard American Express Discover

Card Number _____ Expiration Date ____/____ CCV# _____ Billing Zip Code _____

I hereby certify that the information contained on this renewal is true, complete, and correct. I agree to release any information relevant to my recertification. 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 of my work as an IFTA-certified professional.

_____ _____/_____/_____
Signature Date

***UNSIGNED OR INCOMPLETE 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
Call the IFTA Office at 1.919.870.0600 if you have questions.