



**Group Fitness Primary
Certification Renewal Form**
**Please legibly complete the following form.
Incomplete forms cannot be processed.*

Name _____ IFTA Certification Number(s) _____
 Address _____ () _____
 City _____ State _____ ZIP/Postal Code _____ Email address _____
Area code/Number

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 (14 CEC's are required for Group Fitness every 2 years. Can be a combination of 9 IFTA and 5 AFAA, ACE, AAI or NASM) *If all credits are from IFTA then only 12 credits are needed every 2 years.

Date:	Approved Course #:	Course Title:	Total CECs Earned:
Example: 1/1/06	IFTA05001	Powertrain	4.0

CPR must be current upon renewal for Group Fitness Primary. Expiration Date ___/___/___ CPR Certified by _____

Renewal Fee:
 ___ \$85 prior to renewal date
 ___ \$100 up to 3 months after renewal date
 ___ \$125 after 3 months past renewal date. If expired over six months, the entire certification must be retaken.

***You may now pay renewal on-line at www.ifta-fitness.com but you must still must submit this form and CEC proof to complete.**

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**

Email to Carter@ifta-fitness.com or mail to IFTA, Attn: Certification Renewal, 312 W. Millbrook Rd., Ste. 145 Raleigh, NC 27609
 Call the IFTA Office at 919.870.0600 if you have questions.