Interactive Fitness Trainers OF AMERICA

Group Fitness Primary

Certification Renewal Form

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

Name _____ IFTA Certification Number(s) _____

Address _____(___)_____
Area code/Number

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

Circle here if this is a new **address/name** change ***Please allow 5 business days for your digital certificate to arrive.***

List completed courses **(12 CEC's are required for Group Fitness every 2 years. Can be a combination of 8 IFTA and 4 AFAA, ACE, AAAI or NASM) *If all credits are from IFTA then only 10 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 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.