



## The ISSA CEU Preferred Provider Program

The preferred provider program for continued education is a service designed to allow outside continuing education providers the opportunity to easily offer their education programs to ISSA members.

### Continuing Education Requirement

Currently, ISSA requires a minimum of 20 Continuing Education Units (CEUs) to be earned within the two years of a student's certification. All 20 units must be taken through the ISSA CEU Library, an ISSA Continuing Education Provider or other ISSA-approved continuing education activities. CEUs earned in excess of the required amount **cannot** be carried over for the next two-year period. Certifications will not be renewed unless the CEU requirement has been met.

### What does this mean for YOU?

ISSA students are interested in fulfilling their CEU requirements through various courses, workshops, conferences, and other continuing education opportunities. This program allows you to highlight your opportunity to our ISSA members!

### Once Approved

Your continuing education opportunity will be listed on the ISSA Preferred CEU/CEC Provider website where students can easily find your offerings.

### The Application Process

**Application:** As the sponsor of a program (event, course, etc.), you must submit an application for CEU approval for that program.

**Review:** The ISSA CEU Committee reviews your application and educational program for compliance with its continuing education guidelines. Only complete applications will be reviewed.

**Award Letter:** If your program is approved, you will receive an award letter specifying the number of CEUs that can be earned by ISSA members who participate in your activity. Approvals are valid through 12/31 of the year of application.

### Qualifying programs

- Health and fitness related courses (in-person, web-based, video)
- Health and fitness related seminars/conventions
- Health and fitness related certifications/specializations not offered by ISSA



### **Activities that do not qualify**

- Programs that do not relate to personal training, health, health care, fitness, fitness training, sports science, sports medicine, nutrition, business
- Certifications/specializations currently offered by ISSA

If you have questions about whether your activity qualifies for CEU approval, please contact the ISSA CEU Committee at [support@issaonline.com](mailto:support@issaonline.com).

### **How to Apply**

Allow 30 days for processing. Please be aware that incomplete applications will be returned to the contact person for completion and the 30-day processing time will not begin until a complete application is received.

### **Please Provide:**

- The completed and signed application
- Presenter/Instructor résumé: submit a résumé for each speaker/author involved in your program
- Program/course outline or agenda
- If you are applying for multiple events (an activity which repeats at different times and/or locations during the year), attach a listing of all dates and locations where the activity will take place
- A certificate of completion
- The application fee
- Send application to:

**International Sport Sciences Association**

**c/o CEU Committee**

**11201 N. Tatum Blvd., Suite 300**

**PMB 28058**

**Phoenix, AZ 85028-6039**

**or email: [support@issaonline.com](mailto:support@issaonline.com).**

### **Application Fees**

The non-refundable application fee is \$150 for one year starting with the approval date and ending on 12/31 of the application calendar year. The application fee must be submitted with the application in order for it to be processed. If your program is not accepted, you will receive a letter stating the basis of the decision. If you decide to alter the program to meet the requirements you may reapply within a year of your initial application for \$75.

If you have questions about the application fee please contact the ISSA CEU Committee at [support@issaonline.com](mailto:support@issaonline.com).



## **ISSA CEU Preferred Provider Application**

Provider:  
Contact Person:  
Mailing Address:  
City:  
State:  
Zip:  
Email Address:  
Telephone:  
Website:

Title of Program (should match award certificate):

Program description (this will be listed on our website):

Program website link (this will be listed on our website):

**Topic area:** Select area most applicable to your offering:

- |  |   |
|--|---|
| <input type="checkbox"/> Anatomy             | <input type="checkbox"/> Nutrition Education      |
| <input type="checkbox"/> Biomechanics        | <input type="checkbox"/> Nutrition/Weight Control |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Special Populations      |
| <input type="checkbox"/> Exercise Assessment | <input type="checkbox"/> Sports Psychology        |
| <input type="checkbox"/> Exercise Psychology | <input type="checkbox"/> Strength Training        |
| <input type="checkbox"/> Kinesiology         |   |

**Type of Program:** *(check all that apply)*

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Seminar    | <input type="checkbox"/> Textbook  |
| <input type="checkbox"/> Convention | <input type="checkbox"/> Web Based |
| <input type="checkbox"/> Home-study |                                    |

If Seminar--Location of Program:

Date(s):

Time(s):

If Convention--Dates for program (Attach schedule)

Date(s):

Time(s):



If Home-study (course will be valid until the end of the calendar year of application date):

Dates:

Proposed Continued Education Units (Attach program schedule/outline to verify contact hours)

(NOTE: 1 contact hour = 1 CEU=0.1 CEC)

Presenter(s), Author(s), Instructor(s):

-Attach resumes for all

Program Description:

Program Objectives:

Certificate of Completion: (Please attach a sample copy of the documentation of completion that students/attendees will receive upon successful completion of your opportunity.)

Payment by check, money order, or credit card payable to International Sport Sciences Association MUST accompany the application. PURCHASE ORDERS ARE NOT ACCEPTED.

Application and fee paid: (For Convention Applicants see below)

**1 Program = \$150**

# of Programs applied: \_\_\_\_\_ x \$150

Total amount enclosed: \$ \_\_\_\_\_

For Convention Applicants: *The fee breakdown below is per weekend convention. If you offer more than one of the **same** Convention per year, the additional fee is \$100 per repeat of Convention.*

0-45 Sessions = \$300

46-85 Sessions = \$400

86+ Sessions = \$500

# of Sessions in Convention \_\_\_\_\_ = \$ \_\_\_\_\_

# of Additional Conventions: \_\_\_\_\_ x \$100

Total amount enclosed= \$ \_\_\_\_\_

Payment enclosed. If paying by credit card, ISSA will call you for a payment over the phone.

- ☐ Check No. \_\_\_\_\_
- ☐ Money Order
- ☐ Credit card (ISSA will call you for payment over the phone)

**Certifications:**

- I certify that the information provided in this application is true and correct and I am allowed to provide these details on behalf of the organization.
- I agree to the terms and conditions.
- I agree to the code of conduct/ethics.

Signature:

Printed Name:

Title:

Date: