

## Petition for CEU Program Approval

PLEASE COMPLETE THIS FORM TO REQUEST APPROVAL FOR CONTINUING EDUCATION COURSES NOT PRE-APPROVED BY ISSA.

NAME

ADDRESS

HOME PHONE WORK PHONE EMAIL

### CEU COURSE INFORMATION

COURSE CEU ACTIVITY TITLE:		
TYPE OF ACTIVITY: <input type="checkbox"/> Workshop <input type="checkbox"/> Seminar <input type="checkbox"/> Home Study <input type="checkbox"/> Conference <input type="checkbox"/> Other _____		
DATE(S)	CONTACT HOURS (EXCLUDING SCHEDULED BREAKS)	
COURSE/CEU PROVIDER		
PHONE	EMAIL	WEB SITE

### PAYMENT INFORMATION (PETITION FEE IS \$25 NON-REFUNDABLE FOR EACH COURSE PETITIONED)

The Preferred Provider Program manager will arrange payment with you directly.

*Note: All continuing education approved to recertify any ISSA credential must fall within the scope of practice as a personal trainer.*

### PLEASE ANSWER THE FOLLOWING QUESTIONS IN ADDITION TO SUPPLYING THE REQUIRED INFORMATION AND DOCUMENTS

WHAT AREA(S) OF CONCENTRATION DOES THIS COURSE COVER? (CHECK ALL THAT APPLY)

- ☐ CLIENT ASSESSMENT  
☐ EXERCISE TECHNIQUE  
☐ PROGRAM DEVELOPMENT

- ☐ NUTRITION  
☐ KINESIOLOGY/BIOMECHANICS  
☐ PROFESSIONAL RESPONSIBILITY

☐ OTHER \_\_\_\_\_

HOW HAS THIS PROGRAM BENEFITED YOU IN YOUR CAREER AS A PERSONAL TRAINER? (IF YOU NEED MORE ROOM, PLEASE CONTINUE ON BACK OF PAGE)

• SUBMIT A **COPY** OF ALL REQUIRED INFORMATION FOR EACH COURSE (INCLUDING THIS APPLICATION WITH YOUR RENEWAL APPLICATION)\*

\* PETITIONS NOT ACCOMPANYING THE RENEWAL APPLICATION WILL NOT BE ACCEPTED.

- |                             |                            |
|-----------------------------|----------------------------|
| • INSTRUCTOR NAME           | • REFERENCED TEXT MATERIAL |
| • CERTIFICATE OF COMPLETION | • COURSE OBJECTIVE         |

**ALLOW 30 DAYS FOR PROCESSING OF YOUR APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**