



SFA CERTIFICATE RENEWAL APPLICATION

Important Information

In accordance with current industry standards, SFA requires 2.0 continuing education credits (CECs) for the renewal of certificates.

SFA will accept continuing education (CE) courses related to age groups other than older adults. This is because:

- (1) we encourage intergenerational activity, and
- (2) we want SFA-trained professionals to be knowledgeable in all areas of fitness management.

For convenient SFA-approved correspondence CE courses, contact SFA at 888-689-6791 or 386-957-1947.

For this and all future renewals, you must show proof of adult CPR and basic first aid certification.

Name _____

Address _____

Telephone: Home _____ Work _____

Today's Date _____

Your Certificate's Expiration Date:

Type of certificate being renewed: **Please check all that apply.**

Senior Fitness Instructor Senior Personal Trainer Long Term Care Fitness Leader

Your SFA certificate number(s) _____

NOTE: If you are renewing more than one SFA certificate, please check all appropriate types but provide only one set of renewal information and pay only one \$55.00 renewal fee.

CERTIFICATE RENEWAL CHECK LIST

___ I have enclosed proof of successful completion of at least 2.0 SFA-approved continuing education credits which I completed during the appropriate two-year renewal period. (Attach copies of official, dated certificates of completion of all course work being submitted; retain the originals in your records for a minimum period of four years.)

___ I have enclosed a copy of the front and back of my current valid adult CPR card.

___ I have enclosed a copy of the front and back of my current valid basic first aid card.

___ *I have enclosed a check or money order made payable to the American Senior Fitness Association in the amount of \$55.00.

*If you would prefer to use your credit card, please provide the following information:

Please bill my credit card: Visa _____ MC _____ Discover _____ AmEx _____

Credit card number: _____

Credit card expiration date: _____

Your signature: _____