



AFPA CONTINUING EDUCATION "PETITION" APPLICATION

Please complete this form to request approval for continuing-education courses *not approved* by AFPA.

Contact Information

First Name _____ MI _____ Last Name _____
 Mailing address _____
 City _____ State _____ Zip _____
 Daytime Phone _____ Evening Phone _____
 E-mail _____ Web Site _____
 AFPA Certificate Number _____ Original Certification Date _____

Course Information

Course/Activity Title _____
 Type of Activity: Workshop Seminar Home-study Conference/Convention Other _____
 Date(s) (if live) _____ Contact Hours (course length excluding breaks) _____
 Course Provider _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone Number _____ E-mail _____ Web Site _____

Fees

\$0 for college- or university-level courses
 \$25 for all other courses (non-refundable) \$ _____
TOTAL FEE DUE \$ _____

Payment

Visa, MasterCard, American Express/Check/USA Domestic Money Order only/International Money Orders not accepted (*make checks/money orders payable to: AFPA*)

Card No.: _____ Expiration Date: _____ CVV: _____
 Name on Card: _____ Signature (required): _____

All AFPA Provider Program applicants must sign below before application is considered complete.

I have read and understand the guidelines for approval outlined within this document and verify that the information contained in this application is complete and accurate to the best of my knowledge.

 Signature of Applicant

 Date

Application Checklist

- Complete the AFPA Continuing Education Petition application.
- Make a complete copy of all required information:
 - Presenter Resumé(s)
 - Course Material or Referenced Material
 - Course Objectives & Lesson Plan
 - Testing Process
 - Transcripts, if applicable
 - Include check or credit-card information

Mail all items to:
 AFPA
 1601 Long Beach Blvd., Box 214, Ship Bottom, NJ 08008
 ATTN: Continuing Education Dept.

Allow 30 days for processing of your application. Incomplete applications will be returned for resubmission.
 If you have questions about the AFPA Continuing Education program, please feel free email afpa@afpafitness.com.

For office use only: _____
Date Rec'd: _____
Date Processed: _____
Amt. Rec'd: _____