



## AFPA CERTIFICATION RENEWAL APPLICATION

First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  Check Here if this is a New Address

Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Email Address **REQUIRED**: \_\_\_\_\_ Web Site: \_\_\_\_\_

List Certification/Member ID Number/Numbers to renew: \_\_\_\_\_ List Certification Title/Titles to renew: \_\_\_\_\_

**Continuing Education Course Information (attach copies of documentary proof of all continuing education activity including CEC's obtained through AFPA – REQUIRED)**

**Workshops, Conferences:** AFPA CEC's, approved-provider courses and approved-petitioned courses (use back of form if more space is required).

Course Title	Provider	CEC's
_____	_____	_____
_____	_____	_____
_____	_____	_____

**College- or University-Level Courses:** Members must submit a *complete* copy of all required documentation for each course (course syllabus and college transcript)

Course Title/College	Units	Grade CEUs
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Payment Method:** \$85.00 for renewal of one certification; \$50 for each additional certification for same individual if renewed at the same time (plus \$30.00 late fee per certification if applicable i.e. 30 days or more past expiration date[s]).

Amt. Enclosed: \$ \_\_\_\_\_ Form of Payment: \_\_\_\_\_ Check (Payable to: **AFPA**) \_\_\_\_\_ Credit Card \_\_\_\_\_ Money Order (USA Domestic Money Order only/International Money Orders not accepted – Payable to: **AFPA**).

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_  
circle one: American Express – Visa – MasterCard – Discover

Billing Information:  check here if billing name & address is same as above; if other than above please provide:

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Applicant Signature Required:** By signing this form I agree that all information contained herein is correct and true. It is also my understanding that if I have misrepresented myself and/or my continuing education activities that this may result in the revocation of my AFPA certification. Re-certification documentation will not be processed unless signature is received.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit to:** AFPA, 1601 Long Beach Blvd., Box 214, Ship Bottom, NJ 08008

If you have the ability to scan all required documentation and are paying renewal fees by credit card you may email your completed application to [afpa@afpafitness.com](mailto:afpa@afpafitness.com).  
 Note: To avoid having your certification expire submit renewal paperwork at least 4 weeks prior to certification expiration date. Updated credentials will be emailed approximately 1-2 weeks from the time the paperwork is received in our office. If you require confirmation of receipt of renewal application send email inquiry (**email only; no calls**) to [afpa@afpafitness.com](mailto:afpa@afpafitness.com).

**Application Checklist - REQUIRED**

- Complete the AFPA Renewal Application to become re-certified – **REQUIRED**
- Attach copy(ies) of AFPA credential(s) to be renewed - **REQUIRED**
- Attach copy of current CPR certification – **REQUIRED** or see **renewal handbook for information on renewing without CPR**
- Attach proof of CEC activity (all Providers including AFPA) showing approved credit hours (i.e. Provider CEC/CEU validation form) - **REQUIRED**
- Lesson Plan if applicable
- Make a complete copy of all required information for each course if applicable
- Include check (*payable to: AFPA*), money order (*payable to: AFPA*) or credit-card information – **REQUIRED**

**All applications for renewal must be complete at the time of submission i.e. completed renewal application with copies of required documentation and payment of renewal fees attached; incomplete applications are not held and/or processed.**