



# AFPA

HEALTH, NUTRITION & FITNESS

member info\_2-2020

## AFPA CONTINUING EDUCATION "PETITION" APPLICATION

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

### 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](mailto:afpa@afpafitness.com).

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