



AFPA

HEALTH, NUTRITION & FITNESS

AFPA Certification Renewal Application

First Name*

Middle Name*

Last Name*

Mailing Address*

City*

State*

Zip*

Check here if this is a new address*

Phone #*

Email*

*Required

Certification ID Number(s) to Renew:	Certification Title(s) to Renew:

Continuing Education Course Activity

Attach copies of proof of all continuing education activity, including any CECs obtained through AFPA.*

CEC Activity: AFPA courses, approved provider courses, workshops, conferences, and approved petition courses.

Course Title	Provider	# of CECs/CEUs

College or University Level Courses: Please include a copy of your transcript with your application.

Course Title/College	Number of Credits	Course Grade

*Required

Payment Method

The fee to renew your certification is \$85 for two years. If you have more than one AFPA certification, there is \$50 fee for each additional credential if renewed at the same time. If your certification is 30 days or more, but less than one year, past expiration date, a \$30 late fee per certification applies. Please email afpa@afpafitness.com if your certification is more than one year past due for further instructions and approval. Make checks and domestic money order payable to AFPA. We do not accept international money orders.

Amount in UDS (\$)	Form of Payment	Credit/Debit Card	Check	Money Order
Credit Card #		Expiration Date		CVV Code

Billing Information: Check the box if billing name & address are the same as above. If not, please provide below.

Mailing Address City

State Zip Code

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. Recertification documentation will not be processed unless signature is received.

Applicant Signature

Application Checklist

Complete the AFPA Renewal Application

Include credit card information or payment via check or money order (payable to: AFPA)

Attach proof of CEC activity showing approved credit hours from all providers including AFPA

Attach copy(ies) of AFPA credential(s) to be renewed

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.

Submission Instructions

Option 1: 100% Online

Complete renewal application, save it and then email it along with your required documentation to: afpa@afpafitness.com.

Option 2: Print & Email

Print, complete, and then scan your renewal application, then email it and your required documentation to: afpa@afpafitness.com.

Option 3: Mail

If you prefer to mail in your completed application, please submit it along with your payment and required documentation to:
AFPA, 1601 Long Beach Blvd.,
PO Box 214, Ship Bottom, NJ
08008.