Interactive Fitness Trainers OF AMERICA

1-year Specialty

Certification Renewal Form

Please legibly complete the following form. Incomplete forms cannot be processed.

Name _____ IFTA Certification Number(s) _____
List all that are to be renewed

Address _____ (___)_____
Area code/Number

City _____State _____ ZIP/Postal Code _____ Email address _____

Circle here if this is a new address/name change ***Please allow 2 to 4 weeks for your updated certificate to arrive.***

*List completed courses **(3 IFTA CEC's are required for Specialty Certificates, i.e. Step, Personal Trainer, every calendar year)**

Date:	Approved Course #:	Course Title:	Total CECs Earned:
Example: 1/1/06	**IFTA05001**	**Powertrain**	**4.0**

Current CPR (Personal Trainer Certification only)? Expiration date _____.

Renewal Fee **(Each certification):**
___ $30 prior to renewal date for **Specialty Certs**. **(Anything other than Group Fitness Primary Cert.)**
___ $20 each additional certification being renewed with first
___ $35 up to 3 months after renewal date for Specialty Certs. (**each late additional cert is $25**)
___ $85 (each) after 3 months past renewal date. If expired over a year the entire certification must be retaken.

Total Enclosed: $ _____ (**Non-Refundable)**

Check (make payable to IFTA)
Credit Card Number: (Circle Type) Visa Mastercard American Express Discover
Card Number_____ Expiration Date _____/_____ CCV#: _____

I hereby certify that the information contained on this renewal is true, complete and correct. I agree to release any information relevant to my re-certification. I further understand that Interactive Fitness Trainers of America INC reserves the right to revoke any certification that has been granted on the basis hereof. I further understand that IFTA certification does not certify or in any way guarantee the quality of my work as an IFTA-certified professional. I therefore agree to indemnify and hold harmless IFTA, its officers, directors and staff from any claims of negligence, omission or faulty advice that I may give to clients as an IFTA-certified professional. I understand that IFTA is not responsible for any actions or damages from any person arising out my work as an IFTA-certified professional.

_____ _____/_____/_____
Signature Date

***UNSIGNED OR INCOMPLETE FORMS CANNOT BE RENEWED**

Mail to IFTA, Attn: Certification Renewal, 312 W. Millbrook Rd., Ste. 145 Raleigh, NC 27609 or fax to (919) 870-0602
Call the IFTA Office at 1.919.870.0600 if you have questions.