



# 2 year Specialty Certification Renewal Form

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

Name \_\_\_\_\_ IFTA Certification Number(s) \_\_\_\_\_  
 Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Email address \_\_\_\_\_  
List all that are to be renewed  
Area code/Number

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 (**6 IFTA CEC's are required for Specialty Certificates, i.e. Step, Personal Trainer, every two years**)

Date:	Approved Course #:	Course Title:	Total CECs Earned:
<b>Example: 1/1/06</b>	<b>IFTA05001</b>	<b>Powertrain</b>	<b>1.0</b>

CPR must be current upon renewal (**for Personal Trainer only**) Expiration Date \_\_\_/\_\_\_/\_\_\_ CPR Certified by \_\_\_\_\_

**Renewal Fee (Each certification):**  
 \_\_\_ \$60 prior to renewal date **for each 2year Specialty Cert. (Anything other than Group Fitness Primary Cert.)**  
 \_\_\_ \$65 up to 3 months after renewal date for each 2year Specialty Certs.  
 \_\_\_ \$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# \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

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 1.800.582.1814 if you have questions.