Gold / Elite Program

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 _____Phone_(___)_____

City _____ State _____ ZIP/Postal Code _____ Email address _____

Circle here if this is a new **address/name** change Circle here if you are currently an **ELITE or GOLD** member.

Please allow 2 to 4 weeks for your updated certificate to arrive.

List completed courses (3 IFTA CEC's are required for GOLD Renewals every calendar year)
6 IFTA & 6 additional CEC's (AFAA, NASM, ACE, AAAI are acceptable) are required for ELITE Renewal every two years).
****Only 10 credits required for Elite if all are IFTA credits.**

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

CPR must be current upon Elite renewal Expiration Date _____/_____ CPR Certified by _____

Renewal Fees:

- ☐ $50 prior to renewal date for GOLD (3-4 **Specialty** Certs.)
- ☐ $60 up to 3 months after renewal date for GOLD.
- ☐ $90 prior to renewal date for ELITE (Group Cert + 3 or more Specialty Certs.)
- ☐ $100 up to 3 months after renewal date for ELITE.

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 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

If you have questions call 919.870.0600 or write to jeff@ifta-fitness.com