## Group Fitness Primary

# Certification Renewal Form

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

Name _____ IFTA Certification Number(s) _____

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 **(12 CEC's are required for Group Fitness every 2 years. Can be a combination of 6 IFTA and 6 AFAA, ACE, AAAI or NASM) *If all credits are from IFTA then only 10 credits are needed every 2 years.**

| Date: | Approved Course #: | Course Title: | Total CECs Earned: |
|---|---|---|---|
| **Example: 1/1/06** | **IFTA05001** | **Powertrain** | **1.0** |
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CPR must be current upon renewal for Group Fitness Primary. Expiration Date ___/___ CPR Certified by _____

Renewal Fee:
___ $50 prior to renewal date
___ $60 up to 3 months after renewal date
___ $90 after 3 months past renewal date. If expired over a year the entire certification must be retaken.
___ **$75 petition fee (in addition to renewal fee) for CEC's other than IFTA approved courses. See website for petition form.**

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.