Health and Fitness C·E·C

YMCA of the USA

Certification Renewal Form

Health and Fitness Continuing Education Credit

Please type or print clearly all information requested below. At the time of recertification, you are only requested to send this completed form along with payment to the YMCA of the USA. **Please do not send any continuing education documentation with this form.** Maintain a file with all relevant documentation and a copy of this completed form for your records in the event of an audit by the YMCA of the USA. **Incomplete renewal forms will not be processed. Do not submit this form until 15 hours of CECs have been obtained. CPR certification must be current upon renewal.**

A. Personal Information

Name | SS# | Birthdate MO DAY YEAR

Home Address | Apt. #

City | State | Zip

E-mail Address

YMCA Association and Branch Name | YMCA Phone ( )

YMCA Address | YMCA Fax ( )

City | State | Zip

Supervisor's Name | Supervisor's Signature

B. Continuing Education Hours Completed

YMCA courses completed that qualify for CEC credit:

Course | Date | No. of hours

Course | Date | No. of hours

Course | Date | No. of hours

Course | Date | No. of hours

Non-YMCA hours completed that qualify for CEC credit ..... No. of hours: _____

Total number of hours: _____

C. Current CPR Certification Expires: ____ / ____ / ____

month day year

D. Certification(s) To Be Renewed

Payment of renewal fee of $25 for the first course and $5 for each additional course renewal must accompany this form.

I am applying for renewal for the following YMCA of the USA Health and Fitness certification(s):

☐ Foundations of YMCA Group Exercise | Expiration date: * | Fee: ☐ $25 ☐ $5

☐ YMCA Personal Training Instructor | Expiration date: * | Fee: ☐ $25 ☐ $5

Older versions of certifications no longer offered, but still eligible for renewal with appropriate CECs.

☐ YMCA Group Exercise Instructor | Expiration date: * | Fee: ☐ $25 ☐ $5

☐ YMCA Exercise Instructor | Expiration date: * | Fee: ☐ $25 ☐ $5

☐ YMCA Advanced Exercise Instructor | Expiration date: * | Fee: ☐ $25 ☐ $5

☐ Fitness Leader | Expiration date: * | Fee: ☐ $25 ☐ $5

☐ Fitness Instructor | Expiration date: * | Fee: ☐ $25 ☐ $5

* If renewing one or more certifications after the expiration date, please add a $10 late fee to your remittance.

Late fee: ☐ $10 ☐ $0

Total fee: $ _____

E. Payment

Payment method: ☐ MasterCard ☐ VISA ☐ Check made payable to YMCA of the USA (Note: American Express is not an accepted form of payment.)

Credit card # | Card security code * | Expiration date

Name as it appears on the card | Signature of cardholder

* 3- or 4-digit number following card number in signature field

F. Verification

By signing below, I hereby certify that the information contained on this renewal form is true, complete, and correct. I agree to release to the YMCA of the USA any information relevant to my recertification request. I further understand if any of this information is later determined to be false, the YMCA of the USA reserves the right to revoke any certification that has been granted on the basis hereof.

Signature | Date

Mail complete form with full payment to: YMCA of the USA, Attn: Certifications/CEC, 101 N. Wacker Dr., Chicago, IL 60606.
By mail, you will receive a new certification card for each course renewed. **If paying by credit card, this form may be faxed to 312-977-1729.**