



## 2017 Continuing Education Approved Provider Application

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Thank you for your interest in becoming a 2017 Continuing Education Approved Provider.

NASM and AFAA support ongoing professional development and education by requiring members to recertify every two years. To qualify, members must complete Continuing Education Units (CEUs) from approved providers. CEU points are awarded based on the number of hours spent in a structured educational format.

Please note that NASM and AFAA members have separate recertification processes. Within this application, educators may apply to be a NASM or AFAA approved provider or BOTH at a discounted rate.

Once approved:

- Your course(s) will appear on the associated, online CEU Approved Provider List. Note: NASM and AFAA have **separate** lists.
- A link to your website will be included if provided.
- The CEU value (with the associated recertification point system) will be posted.
- You will receive instructions for the authorized use of the associated logo(s).
- Approval is awarded for a **specific course** for a **specific calendar year**.

CEU Providers must demonstrate the following:

- **Health and Fitness Topical Relevance** (i.e. anatomy, nutrition, weight control, wellness, sports medicine, biomechanics, business management, exercise assessment, fitness program design, special populations, strength training, kinesiology, biomechanics, behavioral change, sports psychology, exercise physiology)
- **Credible Content** (i.e. proven/scientifically valid information and/or practical application/methods)
- **Instructor Credentials and Related Experience** (i.e. certification, accreditation, and/or related degree)

### HOW TO APPLY:

1. Complete one Approved Provider Application for each course.
2. Make your payment by phone at **800.460.6276**
3. Please include the following supporting documentation:
  - \_\_\_ Certificate of Completion
  - \_\_\_ Course outline or agenda
  - \_\_\_ Examples of course content (home study materials or slides)
  - \_\_\_ Instructor resume or bio
  - \_\_\_ Course objectives
  - \_\_\_ Referenced text material (if applicable)
4. Submit your completed **application(s)**, **supporting documentation** and **sample completion certificate(s)** to [providerprogram@nasm.org](mailto:providerprogram@nasm.org)

*Please complete one application per course.*

**PROVIDER COMPANY NAME** *(Must match completion certificate name)* \_\_\_\_\_

**HAS THIS PROVIDER BEEN PREVIOUSLY APPROVED BY NASM or AFAA?** NO \_\_\_\_\_ YES \_\_\_\_\_

*If yes:* **NASM PROVIDER #** \_\_\_\_\_ **AFAA PROVIDER #** \_\_\_\_\_

**CONTACT NAME** *First/Last* \_\_\_\_\_

**PROVIDER ADDRESS** *Street/City/State/ZIP* \_\_\_\_\_

**PROVIDER PHONE** \_\_\_\_\_ **CONTACT PHONE** \_\_\_\_\_

**PROVIDER EMAIL** \_\_\_\_\_ **CONTACT EMAIL** \_\_\_\_\_

**WEBSITE** *The link for the approved provider list(s)* \_\_\_\_\_

**COURSE NAME** *Exactly as listed on the completion certificate* \_\_\_\_\_

**# OF STRUCTURED COURSE HOURS** *(excluding breaks)* \_\_\_\_\_

**WHICH ONE OF THE FOLLOWING SUBJECT AREAS BEST DESCRIBES THE COURSE RELEVANCE FOR NASM AND/OR AFAA MEMBERS:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ANATOMY             | <input type="checkbox"/> EXERCISE PHYSIOLOGY      | <input type="checkbox"/> SPECIAL POPULATION |
| <input type="checkbox"/> BIOMECHANICS        | <input type="checkbox"/> KINESIOLOGY              | <input type="checkbox"/> SPORTS PSYCHOLOGY  |
| <input type="checkbox"/> BUSINESS MANAGEMENT | <input type="checkbox"/> NUTRITION EDUCATION      | <input type="checkbox"/> STRENGTH TRAINING  |
| <input type="checkbox"/> EXERCISE ASSESSMENT | <input type="checkbox"/> NUTRITION/WEIGHT CONTROL |   |

**DESCRIBE THE COURSE CONTENT**

*Please describe course content below and provide access for on-line courses. If not available online, provide documentation of your course for review and approval. Include copies of: sample materials, agendas, certificate of completion.*

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**DESCRIBE CREDENTIALS OF COURSE AUTHOR(S)/PRESENTER(S)**

*Please provide resumes and/or biographies for all individuals responsible for the creation or instruction of course material.*

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**COURSE DELIVERY (CHOOSE ONE):**

SELF STUDY \_\_\_\_\_ WORKSHOP \_\_\_\_\_ CONFERENCE \_\_\_\_\_ # OF CONFERENCE SESSIONS \_\_\_\_\_

LIST LOCATION(S)/DATE(S) FOR A WORKSHOP OR CONFERENCE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2017 FEE CALCULATION**

**BEST VALUE! SAVE 20%**

Course Type	Select	NASM Provider	Select	AFAA Provider	Select	NASM <i>and</i> AFAA	SUB-TOTAL
Self Study		\$100		\$100		\$160	\$
Workshop		\$100		\$100		\$160	\$
Series*		\$25		\$25		\$40	\$
Conference 1-20 sessions		\$250		\$250		\$400	\$
Conference 21-60 sessions		\$450		\$450		\$720	\$
Conference 61+ sessions		\$600		\$600		\$900	\$
						<b>TOTAL FEE</b>	\$

\*Series pricing applies to courses grouped together to create a course progression

**TERMS**

**Please allow 30 days for processing. We can only process paid in full applications.** We will attempt to contact you by email if your application is incomplete. If your application remains incomplete or is not approved, your request will be cancelled and all fees paid for that request will be refunded. We reserve the right to cancel the Approved Provider status at any time. If we cancel your Approved Provider status, we will issue a prorated refund for the associated fees paid.

Applicant  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Make your payment by phone at **800.460.6276**
- Submit the completed application(s), supporting documentation and sample completion certificate(s) to [providerprogram@nasm.org](mailto:providerprogram@nasm.org)