



CPTN-CPT TRANSFER APPLICATION

Trainers interested in transferring their existing Certified Personal Trainer (CPT) status to the Certified Professional Trainers Network (CPTN) are required to complete a Transfer Application. Once received, completed application forms will be reviewed within 5 business days. Candidates will be contacted via e-mail on the status of their application.

Depending on the status of your application, you may be:

- **Grand-parented for a transfer.** Candidates who achieved their CPT certification in 2013 and prior who provide a minimum of 21 hours of continuing education, 30 hours of one-on-one training over the past three years and current First Aid and CPR will be grand-parented as a CPTN-CPT. A fee of \$134 applies.
- **Required to submit a comprehensive program design.** Candidates who achieved their CPT certification status after December 31, 2013 and hold a degree or diploma in the physical sciences will be waived from writing the theory exam and the in-person component of the practical assessment. They are, however, be required to provide documentation of 20 hours of one-on-one training, complete a 12 week periodized program design and detailed workout plan utilizing the CPTN program design templates and proof of current First Aid and CPR. A fee of \$145 applies. A passing grade of 75% is required.
- **Required to complete the CPTN Practical Assessment.** Candidates who completed a CPTN certification that consisted of only a theoretical exam or who achieved certification status after 2013, but do not hold a degree or diploma, will be waived from writing the CPTN-CPT Theory exam. They are, however, required to complete the CPTN-CPT Practical Assessment. A fee of \$160 applies. A passing grade of 75% in each component of the practical assessment is required.

Thank you for your interest in becoming a CPTN-CPT. We look forward to welcoming you to our Network.

Susan Lee, PhD, CPTN-CPT
President



CPTN-CPT TRANSFER APPLICATION

FIRSTNAME: _____ LASTNAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE/ZIP: _____ COUNTRY: _____

E-MAIL: _____ PHONE: _____

CERTIFYING ORGANIZATION: _____ YEAR CERTIFIED: _____

CERT. EXPIRY: _____ FIRST AID EXPIRY: _____ CPR EXPIRY: _____

INSTRUCTIONS

1. Please provide copies of certificates of completion for CPT distinction and First Aid and CPR.
2. List of continuing education completed in the past three years. Use the form on the next page to provide a list of courses completed. If certified less than 3 years, all continuing education completed since becoming certified should be listed.

Note: For conferences, just list the name of the event and dates

3. Use the log sheet below (make copies as needed) to record a log of a minimum of 40 training hours over the past 3 years.

PLEASE ANSWER THE FOLLOWING:

1. Did you complete an in-person practical assessment for your certification? YES NO
2. Were you required to submit a written program design for your certification? YES NO
3. Do you hold a degree or diploma in the physical sciences? YES NO
If YES, please include a copy of your degree/diploma.

PAYMENT METHOD

VISA MasterCard American Express

CARD HOLDER: _____ CVD (3-4 DIGIT NUMBER): _____

CARD NUMBER: _____ EXP. DATE (MM/YY): ____/____

