



# CPTN CEC PETITION FORM

FULL NAME: \_\_\_\_\_ POSTAL CODE/ZIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PROVINCE/STATE: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_ MEMBER ID: \_\_\_\_\_

## COURSE INFORMATION

NAME OF COURSE: \_\_\_\_\_  
DATE OF COMPLETION: \_\_\_\_\_ TOTAL COURSE HOURS: \_\_\_\_\_  
COURSE PROVIDER: \_\_\_\_\_ INSTRUCTOR NAME: \_\_\_\_\_  
ACADEMIC DEGREE: \_\_\_\_\_ SUBJECT OF DEGREE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
PROVINCE/STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ POSTAL CODE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## PETITION FEE (\$15.00 +HST PER COURSE PETITIONED)

Courses will be screened for acceptance. Please note that there are no refunds for petitions.

## PAYMENT METHOD

VISA     MasterCard     American Express

CARD HOLDER: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_

## CEC PETITION TERMS OF AGREEMENT

I ACKNOWLEDGE THAT THE INFORMATION CONTAINED ON THIS CEC PETITION FORM IS TRUE, COMPLETE AND CORRECT. I UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR MAINTAINING AN ACCURATE AND UP-TO-DATE RECORD OF MY FIRST AID, CPR AND CONTINUING EDUCATION CREDITS WHICH MAY BE REQUESTED BY CPTN AT ANY TIME AFTER BECOMING CERTIFIED AS PART OF A RANDOM AUDIT PROCESS. I AGREE TO RELEASE TO CPTN ANY INFORMATION RELEVANT TO MY CERTIFICATION. I FURTHER UNDERSTAND IF ANY OF THIS INFORMATION IS LATER DETERMINED TO BE FALSE, THE CPTN RESERVES THE RIGHT TO REVOKE ANY CERTIFICATION THAT HAS BEEN GRANTED ON THE BASIS HEREOF. I ACCEPT AND AGREE TO ADHERE TO THE CPTN CODE OF ETHICS. I UNDERSTAND THAT CPTN MEMBERSHIP DOES NOT CERTIFY OR IN ANY WAY GUARANTEE THE QUALITY OF MY WORK AS A FITNESS INDUSTRY, CERTIFIED PROFESSIONAL. I THEREFORE AGREE TO INDEMNIFY AND HOLD HARMLESS CPTN, ITS OFFICERS, DIRECTORS AND STAFF FROM ANY CLAIMS DUE TO NEGLIGENCE, OMISSION OR FAULTY ADVICE THAT I MAY GIVE TO CLIENTS AS A CPTN MEMBER AND FITNESS INDUSTRY PROFESSIONAL. I UNDERSTAND THAT CPTN IS NOT RESPONSIBLE FOR ANY ACTIONS OR DAMAGES FROM ANY PERSON ARISING OUT OF MY WORK AS A CPTN MEMBER IN GOOD STANDING OR AS A FITNESS INDUSTRY PROFESSIONAL.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE    DATE

## **INSTRUCTIONS**

1. Include a COPY of the certificate of completion for the course to be approved.
2. Include a COPY of the course outline, indicating the amount of hours in each subject. One hour of continuing education equals 1 CPTN CEC.
3. Include a COPY of the outline provided at the class. For correspondence courses include a COPY of the title page and table of contents.
4. Print and mail-in or e-mail the CEC Petition Form with the attachments indicated in the instructions to the following address:

**MAIL TO:** CPTN, 122 D'ARCY STREET, TORONTO, ON, CANADA, M5T 1K3  
**EMAIL TO:** EDUCATION@CPTN.COM

**Note:** Scanned copies of all documents will be required for submission to CPTN through mail or e-mail. Please do not submit originals in the mail.

## **COURSES ACCEPTED FOR PETITIONS**

- Anatomy
- Biomechanics
- Cardiovascular Training
- Disability Training
- Exercise Physiology
- Kinesiology
- Sports Psychology
- Nutrition
- Musculoskeletal Injuries
- Personal Training
- Undergraduate Health Sciences
- National Coaching Association courses
- Recognized courses (e.g. Pilates, Yoga, etc.)

## **COURSES NOT ACCEPTED THROUGH PETITION**

- Activities and training sessions
- Master classes and workouts
- Clinical hours
- Internships
- Teaching hours
- Self-preparation for a test/quiz/exam or lecturing
- Job preparation training courses
- Health and Fitness Books
- Health and Fitness VHS/CD/DVD training
- Courses outside the scope of Health and Fitness