



Certification Type: _____

Renewal Application

Name:	Client Code:
Address:	
City: State:	Zip:
E-mail Address:	<input type="checkbox"/> Please check here if this is a new name or address <input type="checkbox"/> Please check here if this is a home study renewal
Phone:	Certification expiration date:

Please fill out your continuing education information

#	Name of Program	Course Date	Hours	Provider Name
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
T	TOTAL:			

**Please retain copies of all documentation of Continuing Education earned. (Please use the other side if necessary.)

Renewal Application Checklist

	Fill out all continuing education information in the table above.
	Attach a copy of your current CPR card.
	Enclose renewal fee: <input type="checkbox"/> Renewal Fee: \$55.00 <input type="checkbox"/> Additional Late Fee After Expiration*: \$15.00
	Amount Enclosed:\$
	Payment Method: <input type="checkbox"/> Check# _____ <input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
	Card# _____ - _____ - _____ Exp.Date ____/____
	Signature _____
	<small>*You have 6 months after your certification expiration date to renew. After 6 months, you can no longer re-new the certification, you will have to retake the course.</small>

Please email a copy of this renewal form (PDF) and CPR card to: certs@scwfitness.com
 Or Fax To: (847)562-4080 Attention: Certification Renewals Or mail your renewal form and CPR card to:
SCW Fitness Education, Attn: Certification Renewals, 3675 Commercial Ave, Northbrook, IL 60062
 TEL (877) SCW-FITT FAX (847) 562-4080 www.scwfitness.com