

# Exam Registration Form

## Candidate Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ NSCA Customer ID: \_\_\_\_\_

## Education

Highest Degree Held\*:  High School  Associates  Bachelors  Masters  Other:

Major Field of Study: \_\_\_\_\_

Do you have a CPR/AED Certification?  Yes Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  NO\*\*

\* Official transcripts showing attainment of a minimum of a bachelor's degree or higher are required for CSCS and CSPS certification exams. Certification will not be granted until transcripts have been received and accepted.  
 \*\*Certification will not be granted until a front and back copy of my current CPR and AED card is sent to the NSCA Certification Department.

## Special Accommodations

Please indicate below if Special Accommodations will be required. A Special Accommodations form must be submitted to the NSCA before you can schedule your exam. Please visit [www.nasca.com](http://www.nasca.com) or call 800-815-6826 to access this form.  NO  YES

## Exam Information

CSCS  CSPS  NSCA-CPT  TSAC-F

(For CSCS registrations only)

If you are retaking the exam, indicate which section you are registering for:  Both  Practical  Scientific

## Payment Information

Please select your exam price:

	Member Rate	Non-member Rate
CSCS	<input type="checkbox"/> \$340	<input type="checkbox"/> \$475
Retake Both Sections	<input type="checkbox"/> \$340	<input type="checkbox"/> \$475
Retake One Section	<input type="checkbox"/> \$250	<input type="checkbox"/> \$385
CSPS	<input type="checkbox"/> \$340	<input type="checkbox"/> \$475
NSCA- CPT	<input type="checkbox"/> \$300	<input type="checkbox"/> \$435
TSAC-F	<input type="checkbox"/> \$300	<input type="checkbox"/> \$435

Method of Payment:  Visa®  MasterCard®  American Express®  Check or Money Order

Credit Card Number: \_\_\_\_\_

Name on Card : \_\_\_\_\_ Exp Date : \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

### Certification Policies, Procedures, and Requirements

Certification policies, procedures, and requirements are listed in the NSCA Certification Handbook, including but not limited to the **Code of Ethics, certification eligibility, registration, exam authorization period, refunds, retakes, scheduling and rescheduling of appointments, test center rules, and recertification.** The NSCA Certification Committee reviews these on a regular basis and updates are made when appropriate. The most current version of the Handbook is available for download from NSCA.com.

(<https://www.nasca.com/WorkArea/DownloadAsset.aspx?id=36507225490>)

I have downloaded, read, understand, and agree to abide by the certification policies, procedures, and requirements included in the NSCA Certification Handbook. I also agree to abide by any and all future changes to certification policies, procedures, and requirements as made by the NSCA Certification Committee and published in the most current Handbook.

Initial: \_\_\_\_\_

I understand that I have 120 days from the registration date to sit for my exam. If I am unable to take the exam within the 120-day period, I must withdraw or extend my registration to avoid forfeiting my registration fees.

Initial: \_\_\_\_\_

### Affirmation

By submitting this registration, I accept the conditions set forth by the NSCA Certification concerning the administration, reporting of examination scores and the certification and recertification processes and policies. I attest that the information contained in this registration is true, complete and correct to the best of my knowledge and is made in good faith. I understand that if any information is later determined to be false, the NSCA Certification Committee reserves the right to revoke the certification that has been granted on the basis thereof. I also understand that any irregularity including, but not limited to, copying answers; permitting another person to copy answers; falsifying information required for admission to the examination; impersonating another exam candidate; falsifying education or credentials; or providing and/or receiving unauthorized advice about exam content before, during or following the examination in connection with any NSCA Certification examination could result in immediate revocation of my certification. I further understand that the examination questions, certification names/acronyms and logos are protected under U.S. copyright law and, as such, willful infringement of the copyright is a federal crime. I recognize that any unauthorized possession of, use or distribution of or the act of providing access to NSCA Certification examination questions, certificates, NSCA Certification logos, abbreviations relating thereto and any other NSCA Certification documents and materials may result in immediate revocation of my certification. I also recognize and acknowledge that I will abide by the recertification requirements established in order to remain certified.

Initial: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit your completed registration form with payment to:*

**National Strength and Conditioning Association | 1885 Bob Johnson Drive | Colorado Springs, CO 80906  
fax: +1 (719) 632-6367 | email: [exams@nsca.com](mailto:exams@nsca.com)**