



On October 7, 2014, the NSCA Certification Committee approved the following Reinstatement Policy. This Policy provides individuals, who fail to complete the recertification process before the deadline, a new option to regain certification.

### **Reinstatement Policy**

Individuals with expired certifications may petition NSCA for reinstatement of their certifications at any time. Reinstatement will be granted upon fulfillment of the following conditions.

- Presentation of documentation that all required CEUs were earned since the last successful recertification and earned in accordance with the requirements of the recertification policy in effect at that time.
- Payment of reinstatement and all related recertification fees of previous recertification period(s).

Certificants who are denied reinstatement may appeal to the Certification Committee. The Certification Committee will review appeals at the Committee's next scheduled meeting and render a final decision.

### **Reinstatement Procedures**

The reinstatement fee is \$200 plus previously unpaid recertification fees. Please contact NSCA if you are unsure if you qualify for reinstatement or have questions regarding the process. Individuals who wish to reinstate their NSCA certification (s) must complete the reinstatement application form available on the NSCA website and mail it, along with complete CEU documentation and payment for requisite fees, to:

Certification – Reinstatement  
National Strength and Conditioning Association  
1885 Bob Johnson Drive  
Colorado Springs, CO 80906

## NSCA Reinstatement Application

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**STEP 1** Complete and enclose this form.

**STEP 2** Include the \$200.00 reinstatement fee.

**STEP 3** Complete and enclose the **CEU Reporting Form(s)** for the reporting period(s) missed.

**STEP 4** Include the appropriate recertification fee(s) for the missed reporting period(s).

**STEP 6** Enclose ALL documentation that supports the activities listed on your CEU Reporting Form. **NOTE: all supporting documentation must accompany this form when you submit your reinstatement request. Incomplete responses will not be accepted.**

Name	Previous CSCS Certification Number
Mailing Address	Previous NSCA-CPT Certification Number
City/State/Country	Home Phone (please include area code)
ZIP/Postal Code	Work Phone (please include area code)
E-Mail Address	Fax (please include area code)

check here if new address

### Signature Required

By signing and dating this form, I attest to the fact that the information contained in my application is a true and accurate statement of my continuing education activity. I understand that inaccurate reporting of my CEU activity may result in the revocation of my certification.

Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

Place a photocopy of this form and your CEU Reporting Form in your files and mail the original forms with a check, money order or credit card authorization for the \$200.00 reinstatement fee plus the recertification fee(s) (in U.S. Funds payable to "NSCA") to: **NSCA Certification, 1885 Bob Johnson Dr., Colorado Springs, CO 80906. EVERYTHING MUST BE SENT TOGETHER.** Incomplete applications will be returned to the sender.

Please charge my recertification fee(s) and the \$200.00 reinstatement fee to my:  VISA  MasterCard  American Express  
 Discover

Credit Card Number	Expiration Date	Signature
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Category Totals (Remember to double check category maximums below.)				
	Category A	Category B	Category C	Category D
CSCS				
CSPS				
NSCA-CPT				
TSAC-F				

### Required Number of CEUs and Maximum Number of CEUs Allowed per Category

The maximum number of CEUs allowed in each category is based on the date certified

Original Certification Date (Shown on Certificate)	CEUs Required	Category A	Category B	Category C	Category D
		Maximum	Maximum	Maximum	Maximum
Before Reporting Period*	6.0	5.5	4.0	5.5	3.5
During 1 <sup>st</sup> Year*	4.0	3.5	2.5	3.5	1.5
During 2 <sup>nd</sup> Year*	2.0	1.5	1.0	1.5	1.0
During 3 <sup>rd</sup> Year	1.0	1.0	1.0	1.0	1.0

\* You must obtain CEUs from at least two Categories.

### Payment Information

Check or Money Order (U.S. Funds only, payable to "NSCA")

VISA    MasterCard    American Express    Discover

\_\_\_\_\_  
Name on Card (please print or type clearly)

\_\_\_\_\_  
Amount in U.S. Funds

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Card Expiration Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send completed application to:  
 Certification- Reinstatement  
 National Strength and Conditioning Association  
 1885 Bob Johnson Dr.  
 Colorado Springs, CO 80906

IMPORTANT – Keep a copy of this application for your records.