

W.I.T.S. RENEWAL APPLICATION #RN001



Name:
Address:
City:
State:
Zip:
Country:
Phone Number:
Email Address:

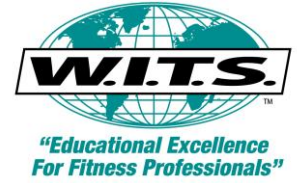
W.I.T.S. Certification Number: _____ Certification Type (Personal Trainer, Group Ex, etc.): _____ Certification Expiration Date: _____
As a BONUS with using a W.I.T.S. Online Course, you will receive the Digital Badge Credential!
Are you currently working/employed as a Personal Trainer? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No

Renewal Application Checklist:
<ul style="list-style-type: none"><input type="checkbox"/> Completed Renewal Application RN001 & RN002<input type="checkbox"/> Completed and enclosed W.I.T.S. approved CEC courses (Minimum 10 W.I.T.S. CECs or .1 IACET CEUs)<input type="checkbox"/> Completed and enclosed CPR/AED certification<input type="checkbox"/> Renewal Fee
Please make photocopies, do not send your originals. Paperwork will not be returned. If you are renewing more than one certification, please submit separate applications for each certification. Your updated certification documents will be mailed to you, please allow 2-3 weeks for processing. All items listed above are required. Incomplete items will not be accepted.

Renewal Fees: (per certification, USD)
\$75.00 on or before expiration date
Total Enclosed \$ _____
<input type="checkbox"/> Check/Money Order (made payable to W.I.T.S.)
<input type="checkbox"/> Credit Card (circle one): VISA MasterCard Discover
Card Number: _____
Name on Card: _____
Expiration Date: _____
Signature (required): _____

W.I.T.S. RENEWAL APPLICATION #RN002

Continuing Education Unit/Credit Log



**MUST COMPLETE AND ENCLOSE PROOF OF W.I.T.S. APPROVED CONTINUING EDUCATION COURSES.
MINIMUM 10 W.I.T.S. CECS OR .1 IACET CEUS**

COMPLETION DATE:	COURSE TITLE:	PROVIDER NAME/NUMBER:	CECS/CEUS AWARDED:

Total Amount of Credits Submitted (MINIMUM REQUIREMENT 10):	
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In order to obtain a current certification through W.I.T.S., you must meet and submit all requirements as indicated on RN001 (checklist). By signing this form, under the penalty of having my certification revoked, I agree that all information provided is true and accurate to the best of my knowledge. I therefore agree to indemnify and hold harmless W.I.T.S., its officers, directors and staff from any claims due to negligence, omission or faulty advice that I may give to clients as a W.I.T.S. certified professional. I understand that W.I.T.S. is not responsible for any actions or damages from and person arising out of my work as a W.I.T.S. certified professional.

Please mail your completed application packet and requirements to:
W.I.T.S. C/O Department of Recertification
2244 Sunstates Court, Suite 107
Virginia Beach, VA 23451

Name (Please Print): _____ **Date:** _____

Signature: _____

(Unsigned form cannot be processed)