



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, during each missed recertification cycle, 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)
- Presentation of current CPR/AED certification

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 and send it in, along with complete CEU documentation, current CPR/AED certification, and payment for requisite fees, to:

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

Fax: 1-719-632-6367

Email: recertify@nsca.com

NSCA ID#: _____

Certification Date: _____

Expiration Date: _____

NSCA Reinstatement Application

Please complete the following steps to request reinstatement:

STEP 1. Complete and enclose this *Reinstatement Application*.

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 reporting period(s) missed.

STEP 5. Enclose **ALL supporting documentation for CEUs** listed on your CEU Reporting Form and current CPR/AED Certification.

NOTE: *All supporting documentation must accompany this form when you submit your reinstatement request. Incomplete requests will not be accepted.*

Name

Previous CSCS Certification Number

Mailing Address

Previous NSCA-CPT Certification Number

City/State/Country

Previous TSAC-F Certification Number

ZIP/Postal Code check here if new address

Previous CSPA Certification Number

E-Mail Address

Home Phone (please include area code)

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 _____

Please send this form, your CEU Reporting Form(s), payment for the \$200.00 reinstatement fee plus the recertification fee(s) (in U.S. Funds) to: *recertify@nsca.com* or *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

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 st Year*	4.0	3.5	2.5	3.5	1.5
During 2 nd Year*	2.0	1.5	1.0	1.5	1.0
During 3 rd 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 clearly)

Amount in U.S. Funds

Credit Card Number

Card Expiration Date

Signature

Date

By my signature below, I attest that the information contained herein is a true and accurate statement of my continuing education activities. Furthermore, I understand that the CEU reporting requirements set forth in the Recertification Policies and Procedures section of the Certification Handbook indicate that inaccurate reporting of CEU activities may result in revocation of my certification(s).

Signature

Date

Send completed application to:

recertify@nsca.com

or

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.