



# CONTINUING EDUCATION PETITION APPLICATION

Please complete this form to request approval for continuing education courses that are not pre-approved by NASM.

**WHAT NAME IS ON YOUR EXISTING CERTIFICATE(S)?**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State/Zip

**WHAT COURSE DID YOU COMPLETE?**

Course/CEU Activity Title: \_\_\_\_\_

Type of Activity:  Workshop  Seminar  Self study  Conference  Other

Date(s) \_\_\_\_\_ Contact Hours (excluding scheduled breaks) \_\_\_\_\_

Course/CEU Provider \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

**HOW DID THIS COURSE PROVIDE KNOWLEDGE, SKILL AND ABILITY ABOVE ENTRY LEVEL?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING DOCUMENTATION:**

- Certificate of Completion
- Course outline or agenda
- Instructor resume or bio

**PETITION FEE: \$25 for EACH course submitted**

Make your petition payment on-line at [www.nasm.org](http://www.nasm.org) or by phone at **800-460-6276**

**EMAIL THIS APPLICATION AND ALL SUPPORTING DOCUMENTS TO:**

EMAIL: [recerts@ascendlearning.com](mailto:recerts@ascendlearning.com)

\*Application and supporting documentation must be submitted in **one** PDF file.