



CPT Gymternship™ Program Job Guarantee Request

To request your Job Guarantee, please submit this form to your Coach within 90 days of completing your CPT Gymternship™ Program.

First Name	
Last Name	
CPT Certificate #	
CPT Development Program End Date	
Primary Address Zip Code	

Note: Facilities must be within 50 miles of your primary residence at the time of your application.

Employer 1

Application Date	
Facility Name	
Facility Address	
Facility City, State, Zip Code	
Hiring Manager First and Last Name	
Hiring Manager Phone	
Hiring Manager Email	

Employer 2

Application Date	
Facility Name	
Facility Address	
Facility City, State, Zip Code	
Hiring Manager First and Last Name	
Hiring Manager Phone	
Hiring Manager Email	

Employer 3

Application Date	
Facility Name	
Facility Address	
Facility City, State, Zip Code	
Hiring Manager First and Last Name	
Hiring Manager Phone	
Hiring Manager Email	

My signature confirms that I applied at the locations listed above, they are located within 50 miles of my primary residence, and I have not received an offer of employment. I authorize NASM to confirm my application status with these employers.

Signature	
Date Submitted to NASM	