



2023 Continuing Education Provider Application

Thank you for your interest in becoming a Continuing Education Provider.

NASM and AFAA support ongoing professional development and education by requiring members to recertify every two years. To qualify, members must complete Continuing Education Units (CEUs) from approved providers. CEUs are awarded based on the number of hours spent in a structured educational format. Within this application, continuing education providers may apply to be a NASM or AFAA approved provider or an approved provider for BOTH at a discounted rate.

Once approved:

- Your Continuing Education (CE) Offering(s) and a link to your website, if provided, will appear on the online CEU Approved Provider List. These lists are located at www.nasm.org or at www.afa.com. Note: NASM and AFAA have **separate** lists.
- The CEU value (with the associated recertification point system) will be posted on the CEU Approved Provider List.
- You will receive instructions for the authorized use of the associated logo(s).
- Approval is awarded for a **specific CE Offering** for a **specific calendar year**.

CE Providers must demonstrate the following:

- **Health and Fitness Topical Relevance** (i.e. anatomy, nutrition, weight control, wellness, sports medicine, business management, exercise assessment, fitness program design, special populations, strength training, kinesiology, biomechanics, behavioral change, sports psychology, exercise physiology)
- **Credible Content** (i.e. proven/scientifically valid information and/or practical application/methods) that is current and unique, at an appropriate level (designed for experienced fitness professionals) and aligned with the mission and reputations of NASM and/or AFAA.
- **Author/Instructor Credentials and Related Experience** (i.e. certification, accreditation, and/or related degree)

HOW TO APPLY:

1. Complete one **Continuing Education Provider Application** for each CE Offering.
2. Please include the following supporting documentation:
 - ___ Certificate of Completion
 - ___ Course outline or agenda
 - ___ Examples of course content (home study materials or slides)
 - ___ Instructor resume or bio
 - ___ Course objectives (if applicable)
 - ___ Referenced text material (if applicable)
3. Submit your completed **application(s)**, **supporting documentation** and **sample completion certificate(s)** to providerprogram@nasm.org.
4. We will contact you by phone within 2-3 business days to obtain your payment. If we are unable to reach you by phone, we will contact you via email.
5. If you have questions, please contact us at **800.460.6276**.

Please complete one application per course.

PROVIDER COMPANY NAME (Must match completion certificate name) _____

HAS THIS PROVIDER BEEN PREVIOUSLY APPROVED BY NASM or AFAA? NO _____ YES _____

If yes: NASM PROVIDER # _____ AFAA PROVIDER # _____

CONTACT NAME *First/Last* _____

CONTACT PHONE _____ CONTACT EMAIL _____

PROVIDER ADDRESS *Street/City/State/ZIP* _____

PROVIDER PHONE _____ PROVIDER EMAIL _____

WEBSITE *The link for the approved provider list(s)* _____

CE OFFERING NAME *Exactly as listed on the completion certificate*

OF STRUCTURED CE OFFERING HOURS (*excluding breaks*) _____

SUBJECT AREA MOST APPLICABLE TO COURSE (PLEASE SELECT ONLY ONE):

- | | | |
|--|---|---|
| <input type="checkbox"/> ANATOMY | <input type="checkbox"/> EXERCISE PHYSIOLOGY | <input type="checkbox"/> SPECIAL POPULATION |
| <input type="checkbox"/> BIOMECHANICS | <input type="checkbox"/> KINESIOLOGY | <input type="checkbox"/> SPORTS PSYCHOLOGY |
| <input type="checkbox"/> BUSINESS MANAGEMENT | <input type="checkbox"/> NUTRITION EDUCATION | <input type="checkbox"/> STRENGTH TRAINING |
| <input type="checkbox"/> EXERCISE ASSESSMENT | <input type="checkbox"/> NUTRITION/WEIGHT CONTROL | |

DESCRIBE THE CE CONTENT

Please describe course content below and provide access for online courses. If not available online, provide documentation of your course for review and approval. Include copies of: sample materials, agendas, certificate of completion.

DESCRIBE CREDENTIALS OF AUTHOR(S)/PRESENTER(S)

Please provide resumes for all individuals responsible for the creation or instruction of course material.

CE OFFERING DELIVERY (CHOOSE ONE):

SELF STUDY _____ WORKSHOP _____ CONFERENCE _____ # OF CONFERENCE SESSIONS _____

FOR SELF STUDY, PLEASE PROVIDE THE FOLLOWING:

MATERIAL (# of PAGES)	QUIZ (# of ITEMS)	MEDIA (# of MINS)	LOGIN (Username/Password)

FOR A WORKSHOP OR CONFERENCE, PLEASE LIST LOCATION(S)/DATE(S):

2023 FEE CALCULATION

BEST VALUE!

Course Type	NASM Provider		AFAA Provider		NASM <i>and</i> AFAA		SUB-TOTAL
	Fee	Select	Fee	Select	Fee	Select	
Self Study	\$200		\$200		\$350		\$
Workshop *	\$200		\$200		\$350		\$
Series**	\$50		\$50		\$80		\$
Conference * 1-20 sessions	\$300		\$300		\$450		\$
Conference * 21-60 sessions	\$500		\$500		\$800		\$
Conference * 61+ sessions	\$650		\$650		\$950		\$
						TOTAL FEE	\$

*Applicable to live in person or live virtual workshops/conferences.

**Series pricing applies to CE Offerings grouped together to create a course progression. First CE Offering is full price and each subsequent course is series pricing.

TERMS

Please allow 30 days for processing. We can only process paid in full applications. We will attempt to contact you by email if your application is incomplete. If your application remains incomplete after 60 days from the date of submission or is not approved, your request will be cancelled. We reserve the right to cancel the Approved Provider status at any time, for any reason or no reason.

By submitting this application, you represent and warrant that you either own or have properly licensed all content you include in the continuing education you provide and that you agree that you are solely responsible and liable for any claims of intellectual property infringement or misappropriation that may arise from your continuing education content, including but not limited to indemnifying and holding

harmless NASM/AFAA, its affiliates and parent companies and its and their officers, directors, employees and agents from such claims and any and all damages arising from such claims.

You agree that under no circumstances is NASM/AFAA liable or responsible for any damages, injuries or death that occurs during or from the continuing education you offer and you indemnify and hold harmless NASM/AFAA, its affiliates and parent companies and its and their officers, directors, employees and agents from any such claims and any and all damages arising from such claims or related to your continuing education offerings.

As an Approved Provider your actions may reflect on NASM/AFAA. Accordingly, you will act professionally in all matters, refrain from making public statements that may be offensive, discriminatory, or otherwise damaging to your reputation and thereby the reputation of NASM/AFAA and comply with all applicable laws and regulations.

I verify that I have read and agree to the **Provider Terms and Conditions**.

Applicant Signature: _____

Date: _____