



PERSONAL TRAINING ACADEMY GLOBAL  
Certification Board (PTAG CB)

## **Continuing Education Provider Application Form**

The Personal Training Academy Global Certification Board's continuing education program is designed to help PTAG certified personal trainers achieve ongoing skills and knowledge development through continued learning.

If you would like to become an approved provider of education for the PTAG CB you must first ensure that your program meets the advanced knowledge requirements laid out in the Continuing Education Provider section of the Policies and Procedures Manual.

If your course(s) or program(s) fulfill the requirements there, you will need to complete this form, in its entirety, and fulfill all material and necessary information submission requirements, along with your application fee and submit your complete application.

Please allow for at least 30 days from the reception of your application for review and, should your application be accepted, determination of appropriate CEC credits (1.0 CEC's = equivalent of one hour of study).

The term for continuing education providership is one year. You will need to reapply each year, at least 30 days before the expiration of your acceptance as a CEC provider for the PTAG CB to avoid loss of recognition as a continuing education provider.

Please complete the following information, in its entirety, and let us know if you have any questions or if we can be of help in the process.

We look forward to your participation as a continuing education provider with PTAG and the PTAG CB.

**Contact Information**

Company Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Qualifications of Instructor or Program Writer/Creator**

Title (Author, Doctor, Presenter, etc.): \_\_\_\_\_

Certification(s): \_\_\_\_\_

Degree(s): \_\_\_\_\_

Schools Attended: \_\_\_\_\_

**Course/Program Information**

Name of Course/Program: \_\_\_\_\_

Type of Course/Program (Circle all that apply):

*Workshop*                      *Lecture*                      *Seminar*                      *Home Study*

*Convention*                      *Conference*                      *University Course*

Advanced Content Covered Specific to PTAG Domains (Circle all that apply):

*Program Design*                      *Professional Workplace Practices*                      *Human Behavior*

*Special Populations*                      *Exercise Sciences*                      *Nutrition*

Contact Hours: (Number of hours of required study or attendance: \_\_\_\_\_)

Course/Program Description: (Please describe, in detail, the specific content covered as it relates to one or more of the PTAG CPT expected knowledge domains, and attach additional sheets if necessary):

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



How will you be paying the \$250 Course/Program Fee? (Please circle your selection)

VISA            *Mastercard*            *American Express*            *Money Order*  
*Cashier's Check*            *Company/Personal Check*

Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Please include the following to complete your application:

- Complete Continuing Education Provider Application Form
- Payment information along with payment
- Resume(s) or Curriculum Vitae(s) of Instructor(s) or Writer(s)/Program Creator(s)
- Course/Program Goals/Objectives or Table of Contents
- Lesson Plan
- Course Materials Required by participant for Completion of Course

Mail, fax, or email complete application to:

**PTA Global Certification Board**  
**1774 Platte Street**  
**Denver, CO 80202**  
**Fax: (720) 294-1337**  
**Email: [certificationboard@ptaglobal.com](mailto:certificationboard@ptaglobal.com)**