## Recertification Requirement



## **Submission Form**

	DATE:			
work pho	one	mobile		
on (If app	licable)			
Visa	MasterCard	i		
#		FXP	CVV	

_					
PERSONAL INFORMATION	canfitpro ID		home phone	work phone	mobile
Ž			email		
旋	Miss Mr Mrs Ms Dr		Ciliali		
Z	name				
¥			payment information (If applicable)		
β			Cheque	Visa MasterCa	rd
쏦	I have a previous last name:		Cheque payments Card		EXP CVV
<u>-</u>			payable to 'canfitpro'		
	address		Name of cardholder		
			Name of caranolaci		
	city	province/state	Canalla al dan a daluara		
			Cardholder address		
	country	postal/zip code			
			BM Discount Code		
	This is a new address				
	INCLUDED A DE DECEDEUS ATION ITEMS TOU		014/11/2 CEDTIFICATI	ON(C)	
	NCLUDED ARE RECERTIFICATION ITEMS TOV	VARDS MY FOLLO	DWING CERTIFICATI	UN(S):	
	☐ Fitness Instructor Specialist	(FIS)	Expiry Date:		
	☐ Personal Trainer Specialist	(PTS)	Expiry Date:		
	☐ Healthy Eating and Weight Loss Coach	(HWL)	Expiry Date:		
٦	THE FOLLOWING ITEMS ARE INCLUDED, AS R	EQUESTED:			
	Copy of current CPR (issued within the last ye	ar. live courses on	(v)		
	Proof of Continuing Education Credits (4 per c		,		
	Professional Membership Renewal fees, if req		cable taxes*/**)		
	* GST (Goods and Services Tax - 5%) applicable in Quebec, Br	itish Columbia, Manitoba	, Alberta, Northwest Territori		
	** HST (Harmonization of Sales Tax) applies only to the Canac and New Brunswick (15%) and includes both GST and PTS.	lian provinces of Newfou	undland & Labrador (15%), No	va Scotia (15%), Ontario (13%	), Prince Edward Island (15%)
	One Month Extension Fee (\$20 + applicable to	axes*/** <b>required</b> if	submitting any outsta	anding requirements v	within one month of
	your expiry date)	inco / <u>required</u> ii	Jobinicing arry outset	anding regon ements i	Within one moner of
	A new certificate will be available for download	from your canfitp	ro INTERACTIVE accou	unt after 24 hours of	your expiry date.
	I certify that the enclosed information is correct and is	subject to review by c	anfitoro. I have earned the r	necessary CECs for certificat	tion renewal. Any false
			in my certification be revok		, , , , , , , , , , , , , , , , , , , ,
	SIC	NATURE		DATE	
		name acts as your signatu			

I certify that the enclosed information is correct and is subject to review by canfitpro. I have earned the necessary CECs for certification renewal. Any false information provided to canfitpro may result in my certification be revoked without notice.					
	SIGNATURE (Please note: typed name acts as your signature)	DATE			