

IPTA Recertification Application

Note: Trainer Academy changed its name to the International Personal Trainer Academy (IPTA) in 2024.

Instructions

Please complete all requested information in the recertification application. Incomplete applications will result in processing delays. Applications must be submitted 15 days prior to the certification expiration date. Applications for recertification can be submitted no earlier than 90 days prior to the certification expiration date. Email completed application and supporting documentation to recertification@traineracademy.org.

Section 1: Contact Information

Name (Last, First, Middle): ______(Note: Name must match the name on the IPTA Certificate.)

Mailing address: ______ (Street, City, State, Zip Code, Country)

Phone number: _____

Email: _____

Certification Number: __

(Note: The certification number is located on your IPTA certificate.)

Section 2: CPR Certification

CPT certification requires a current CPR certification.

- □ I hold a current CPR certification.
- □ I do not hold a current CPR certification.

Attach a PDF or picture of the current CPR certificate with the completed application. If you need assistance attaching a PDF or picture of the CPR certificate to submit with your completed application, please contact traineracademycpt@traineracademy.org.

Section 3: Recertification Pathway

CPT certificants have two options for recertification.

Option #1: Earn 24 Continuing Education (CE) credits. CE credits can be earned by participating in educational activities focused on content related to Trainer Academy certification exam blueprint. Educational activities include attendance at conferences, webinars, and online training.

Option #2: Pass the current form of the IPTA CPT certification prior to the current expiration date for the certification.

Select your option for recertifying by checking the box below.

- Option 1: Examination
 Candidates opting to recertify by examination must submit a separate exam application located online at: https://traineracademy.org/cpt/home
- Option 2: Continuing Education (CE)
 Candidates opting to recertify by CE must submit the log of CE activities included in the application.

Section 4: Attestation & Audit

By submitting the IPTA Recertification Application, I acknowledge that all information and supporting documentation provided is true and accurate. If the information or the supporting verification documents are falsified in any fashion, I understand that this will result in the revocation of my CPT credential.

I understand that IPTA may verify the information provided in the recertification application. I authorize IPTA to verify the information provided.

I have read and understand the information in the current IPTA Candidate Handbook and agree to abide by the IPTA policies documented in the handbook or published on the website. The current IPTA Handbook is available online at: https://traineracademy.org/wp-content/uploads/2024/01/Trainer-Academy-CPT-Handbook-Jan-2024.pdf.

I agree to abide by the IPTA Code of Conduct.

Signature: _____

Date: ____

Section 5: Payment

Once your recertification application has been submitted and approved, we will issue an invoice for the recertification fee of \$99. Upon receipt of payment, your recertification will be processed, and a renewed certification will be issued. Payment is due within 30 days of receipt.

Section 6: Continuing Education Verification Record

Use this form to document the required 24 continuing education hours. Refer to the Candidate Handbook for specific instructions for completion of this form. Certificates of completion are not required unless requested by IPTA. Continuing education requirements must be met within the 2-year period of certification.

Name (Last, First, Middle):_____

IPTA Certification Number: _____

Title (Title, subject matter, content of the CE)	Date	Provider (Organization that provided the CE)	# of Hours
	Completed		
		Total Contact Hours	

I hereby acknowledge that the above-stated activities and CE hours are valid and represent my continued education related to the IPTA CPT certification. I also understand that my misrepresentation or falsification of these activities could lead to denial of my CPT credential. I also understand that IPTA randomly audits applications for recertification. If selected for audit, I agree to provide evidence of the CE noted in the table above by the deadline provide by IPTA. I understand that failure to provide the requested documentation may result in my application being denied and my CPT certification will lapse.

Signature: _____

Date: _____