



# Certification Accreditation Request Form

Please indicate your name as you would like it to appear on your certificate **canfitpro ID:** \_\_\_\_\_

Miss       Mr       Mrs       Ms       Dr

Last Name      First Name      Middle Initial

Mailing Address      Email

City      Province      Postal Code  
(      )      (      )      (      )

Home phone      Work Phone      Cell phone

**Mandatory** - Date of Birth (Month/Day/Year)      Title (fitness instructor, personal trainer)

- Please accept and find attached a photocopy of my current \_\_\_\_\_ Fitness Instructor Certification to become a **canfitpro** Fitness Instructor Specialist (FIS).
- Please accept and find attached a photocopy of my current \_\_\_\_\_ Personal Training Certification to become a **canfitpro** Personal Training Specialist (PTS)
- Please find attached a photocopy of my current CPR Certification (issued within the last year, live courses only).

<b>Certification Fees</b>			
	Member Rates <small>(Current canfitpro Professional Members.)</small>	Non-Member Rates <small>(Includes a canfitpro Professional Membership.)</small>	Total
Certification Fee (one time)	<input type="checkbox"/> \$129	<input type="checkbox"/> \$227	
Practical Exam Fee (if applicable)	<input type="checkbox"/> \$99		
Professional Membership Renewal	<input type="checkbox"/> \$78		
<small>           ≠ <b>canfitpro</b> Gift certificate must be submitted by mail with registration form, no expired certificates will be accepted            * <b>GST (Goods and Services Tax)</b> applicable in Quebec, British Columbia, Manitoba, Alberta, Northwest Territories, Nunavut, and Saskatchewan. (Applied to location where course or exam is being held).            ** <b>HST (Harmonization of Sales Taxes)</b> applies only to the Canadian provinces of Prince Edward Island (15%), Newfoundland (15%), Nova Scotia (15%), New Brunswick (15%) and Ontario (13%) and includes both GST and PST. (Applied to location where course or exam is being held).         </small>			<b>SUBTOTAL</b>
			- Gift Certificate ≠
			+ *GST at 5% or + **HST at ____%
			<b>TOTAL</b>
<input type="checkbox"/> Cheque/Money Order (cheque or money order must be enclosed and payable to <b>canfitpro</b> ; <u>no post-dated payments accepted</u> )			<b>Mail:</b> 110-225 Select Ave., Toronto ON, M1X 0B5 <b>Fax:</b> 416-493-1756 <b>Email:</b> <a href="mailto:accreditations@canfitpro.com">accreditations@canfitpro.com</a>
<input type="checkbox"/> Visa/MasterCard    Card number: _____    Expiry: _____    CVV: _____			
<b>Registration Policy:</b> <b>canfitpro Membership</b> - candidates who register at the non-member rate receive a one year Professional membership with canfitpro. canfitpro membership fees are non-refundable. Your membership can be cancelled by giving us at least 30 days notice at <a href="mailto:info@canfitpro.com">info@canfitpro.com</a> . This allows you to provide the date on which you gave notice, one month in advance of the scheduled cancellation. Each member is responsible for the cancellation of his or her own membership.			
<b>Please check all boxes and provide signature below to acknowledge that you understand all registration policies:</b> <input type="checkbox"/> I understand, and agree, that my registration is not complete until the payment for the item(s) is successfully processed and I receive a complete confirmation from <b>canfitpro</b> . I agree that the information I have provided is correct and that any discrepancies, or incorrect information, will delay, or prohibit, me from being registered into the program that I have chosen. <input type="checkbox"/> I am over 18 years of age. <input type="checkbox"/> I provide <b>canfitpro</b> permission to communicate with me about their products, services and sales offers via electronic formats.			
<b>Signature:</b> _____			<b>Date:</b> _____