NSCA STATE/PROVINCIAL PRE-CLINIC FORMS

REQUEST FOR EVENT APPROVAL FOR CONTINUING EDUCATION UNITS (CEUs)

TO AWARD NSCA CEUS FOR AN NSCA EVENT			
Name of sponsoring organization/institution			
2. Name of the official contact person for this activity			
3. Is this official contact person certified by the NSCA? \square Yes \square No			
☐ CSCS® ☐ NSCA-CPT® ☐ CSPS ☐ TSAC-F certifica	tion #(s)		
4. Mailing address	Suite/Apt #		
City	State/Province	Zip/Postal Code	
5. Contact information: Daytime phone	Fax		
Email	Website		
6. Title of this event/activity			
7. Location of this event/activity			
8. Date(s) of this event/activity			
9. Number of contact hours (excluding breaks)			
10. Have you received previous CEU approval? Yes	s, previous approval number	or 🗆 No	
<u> </u>	,	vour activity - showing date, time, and session titles. Drafts Il dates and locations at which you will be offering this	
*Contact Education Department for cost of non-NSC	A State or Provincial meeting CEU fees.		
further attest that this request is submitted in good faith. It the right to revoke any previously approved or currently de	understand that if any information is later detern liberated CEUs for the above activity. I also unde	is true, complete, and correct to the best of my knowledge. I nined to be false, the NSCA Certification Executive Council reserves erstand that upon the approval of this activity, the name of the se who request information about this activity will be referred to	
Signature of official contact person		Date	

