## Practical Experience Form | CSPS™ Exam

## Please Print or Type | Register Online at www.nsca.com



Name.	Customer iD
The NSCA Certification Committee requires a minimum of 250 relacionsistent with the described CSPS Scope of Practice. It is strongle content domains.	
Complete the form below as accurately as possible. The form should in managing clients with unique needs. Experience hours must relapathophysiology and science of health status, condition, disorder, SMART goal development, program design, motivational/coaching for candidates to include parallel hours for clients with comorbiditicandidate works with a client who is obese, has Type 2 diabetes are random audit, and references may be contacted for validation pure	ate to the following: (1) educate a client on the basic or disease; or, (2) perform health appraisals, fitness evaluations, g techniques, and client outcome monitoring. It is appropriate ties. For example, experience may count in three domains if a nd osteoarthritis of the knee. Recorded hours are subject to a
Submit multiple copies as necessary.	
Facility Name, address, and phone number:	
Supervisor Name/Title:	
Type of Practice Setting:	
Position Title:	
Related Experience:	
Total Hours of Experience:	
affirm that the information provided above is accurate to the best of n	ny knowledge. I also understand that recorded hours are subject to a
random audit, and references may be contacted for validation purpose	es.
Signature	Date