

On October 7, 2014, the NSCA Certification Committee approved the following Reinstatement Policy. This Policy provides individuals, who fail to complete the recertification process before the deadline, a new option to regain certification.

## **Reinstatement Policy**

Individuals with expired certifications may petition NSCA for reinstatement of their certifications at any time. Reinstatement will be granted upon fulfillment of the following conditions:

- Presentation of documentation that all required CEUs were earned since the last successful recertification, during each missed recertification cycle, and earned in accordance with the requirements of the recertification policy in effect at that time.
- Payment of reinstatement and all related recertification fees of previous recertification period(s)
- Presentation of current CPR/AED certification

Certificants who are denied reinstatement may appeal to the Certification Committee. The Certification Committee will review appeals at the Committee's next scheduled meeting and render a final decision.

## **Reinstatement Procedures**

The reinstatement fee is \$200 plus previously unpaid recertification fees. Please contact NSCA if you are unsure if you qualify for reinstatement or have questions regarding the process. Individuals who wish to reinstate their NSCA certification(s) must complete the reinstatement application form and send it in, along with a completed CEU Reporting Form, supporting CEU documentation, current CPR/AED certification, and payment for requisite fees, to:

Certification – Reinstatement  
National Strength and Conditioning Association  
1885 Bob Johnson Drive Colorado Springs, CO 80906

Email: [recertify@nsca.com](mailto:recertify@nsca.com)

## NSCA Reinstatement Application

Individuals with expired certifications may petition NSCA for reinstatement of their certifications at any time as long as they meet the following conditions:

- Presentation of documentation that all required CEUs were earned since the last successful recertification and earned in accordance with the requirements of the recertification policy in effect at that time.
- Payment of reinstatement and all related recertification fees of previous recertification period(s).

Certificants who are denied reinstatement may appeal to the Certification Committee. The Certification Committee will review appeals at the Committee's next scheduled meeting and render a final decision.

**STEP 1** Complete and enclose this form.

**STEP 2** Include the \$200.00 reinstatement fee.

**STEP 3** Complete and enclose the ***CEU Reporting Form(s)*** for the reporting period(s) missed.

**STEP 4** Include the appropriate recertification fee(s) for the missed reporting period(s).

**STEP 6** Enclose ALL documentation that supports the activities listed on your CEU Reporting Form.

_____ Name	_____ Previous Certification Title and Number(s)
_____ Mailing Address	_____ Previous Certification and Number(s)
_____ City/State/Country	_____ Home Phone (please include area code)
_____ ZIP/Postal Code	_____ Work Phone (please include area code)
_____ E-Mail Address	

check here if new address

### Signature Required

By signing and dating this form, I attest to the fact that the information contained in my application is a true and accurate statement of my continuing education activity. I understand that inaccurate reporting of my CEU activity may result in the revocation of my certification.

Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

Place a photocopy of this form and your CEU Reporting Form in your files and mail the original forms with a check, money order or credit card authorization for the \$200.00 reinstatement fee plus the recertification fee(s) (in U.S. Funds payable to "NSCA") to: **NSCA Certification, 1885 Bob Johnson Dr., Colorado Springs, CO 80906. EVERYTHING MUST BE SENT TOGETHER.** Incomplete applications will be returned to the sender.

Please charge my recertification fee(s) and the \$200.00 reinstatement fee to my:  VISA  MasterCard  American Express  
 Discover

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

**Note: All CEU supporting documentation must accompany this form when submitting your reinstatement request. The reinstatement will be considered incomplete if CEU documents are not included and will not be accepted for review.**



## NSCA CEU Reporting Form

(this version is to be used when submitting a NSCA Reinstatement Application)

Which reporting period do these CEUs represent? (Please select the appropriate period.)

2006-2008    2009-2011    2012-2014    2015-2017    2018-2020    2021-2023

Name	Certification Type(s) and Number(s)
Mailing Address	
City/State/Country	
Zip/Postal Code	
Email Address	Phone number (w/area code)

Please list CEU activities below. The activities must fall with the reporting period you have selected above and must be consistent with the NSCA recertification policies. Note: If certified during the reporting period, CEU activities must be started and completed after the date of certification.

Activity Date	Category	Activity Description	Number of CEUs earned				
			CSCS	CPSS	CSPS	NSCA-CPT	TSAC-F
Example 7/8/2024	A	Attended NSCA's 2024 National Conference		2.0		2.0	



Category Totals (Make sure you are not exceeding category maximums. Reference chart below.)				
	Category A	Category B	Category C	Category D
CSCS				
CPSS				
CSPS				
NSCA-CPT				
TSAC-F				

**Required Number of CEUs and Maximum Number of Allowed per Category with recertification fees.**

The maximum number of CEUs allowed in each category is based on the date certified.

Original Certification Date	CEUs Required	Category A Maximum	Category B Maximum	Category C Maximum	Category D Maximum	Member Fee For Each Credential Held	Non-Member Fee for Each Credential Held
Before the reporting period*	6.0	5.5	4.0	5.5	4.0	\$65	\$90
During the 1 <sup>st</sup> year*^	4.0	3.5	3.0	3.5	3.0	\$55	\$80
During the 2 <sup>nd</sup> year*^	2.0	1.5	1.0	1.5	1.0	\$45	\$70
During the 3 <sup>rd</sup> year*^	1.0	1.0	1.0	1.0	1.0	\$35	\$60

^ All CEUs must be earned after the date of certification

\* You must obtain CEUs from at least two categories.

Payment Information			
Check or Money Order (U.S. Funds only, payable to "NSCA") or			
_____	_____	_____	_____
Name on Card		Amount	
_____	_____	_____	_____
Credit Card Number	3or 4 digit CVV code	Expiration Date	
_____	_____	_____	_____
Signature		Date	

*Signature Required: I attest that the information contained herein is a true and accurate statement of my continuing education Activities. By my signature below, I affirm that I have a current CPR/AED certification and will provide proof should it be necessary. Furthermore, I understand that the CEU reporting requirements set forth in the Recertification Policies and Procedures section of the Candidate Handbook indicate that inaccurate reporting of CEU activities may result in the revocation of my certification(s).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Updated: January 2024