

FITNESS PROGRAM APPLICATION FORM

Accelerated Fitness Trainer Clinic (Course # 38222)

Print, complete and return this form with your prerequisite verification to the address or email below.

Yes, I wish to apply to the **ACCELERATED FITNESS TRAINER CLINIC**. I have read and understand the requirements and application information on this program's Web page and have included one of the following required materials with this application.

Verification of current or prior personal or fitness training.

Certified Personal Trainer credential

ACE NSAM ISSA ACSM NSCA

Other _____

Completion of fitness technician or athletic courses

Training Program*: CNM UNM UNMCE

ONLINE COURSE Ed2Go Other _____

*Provide transcript or course completion certificate

Current CPR Red Cross AHA ASHI expiration date _____

Résumé

Note: Your application will be evaluated on the basis of the materials you submit. If accepted into the program, your application information may be shared with the instructors in the program. By providing your contact information, you agree to receive communications from UNM Continuing Education. You will have an opportunity to manage your preferences. If you have questions about the application process, please call 505-277-6025.

CONTACT INFORMATION

Name (last) Name (first) M.I. Gender: M F

Mailing address

City State Zip code

Date of birth

Daytime phone (area code) Evening phone Email address