

National Personal Training Institute CEU Provider Application

Please complete, SAVE AS CEU Title and **email back to elizabeth@nptifitness.com*

Continuing Education Unit (CEU) Information

Date: _____

CEU Title: _____

Application Checklist (REQUIRED INFORMATION):

- Provider Application
- Creator Cover Letter
- Course Description
- Course Objectives
- Projected Timeline

Creator Names:

1. _____
2. _____
3. _____

NPTI Territory Representation: (State) _____

Point Contact

First Name: _____

Last Name: _____

Email: _____

Phone: _____

CEU Information (one course per application):

CEU Type (check one):

Utility

Fitness/Performance

Nutrition

Health/Wellness

Special Population

Fitness Business

Program Design

Correctional Movement

Estimated Contact Hours: _____

