



To register for the Personal Trainer or Group Fitness Instructor Certification exam; all candidates must be 18 years of age at the time of registration, hold a current Adult CPR/AED certificate, as well as a high school diploma or equivalent; and present a current government-issued photo ID with signature (e.g. driver's license, passport, military ID) on exam day.

<b>First Name:</b>	<b>M.I.</b>	<b>Last Name:</b>
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**Your first and last name must match the first and last name on your official photo identification. Nicknames will not be accepted.**

<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip code:</b>	<b>Country:</b>
<b>Primary Phone:</b>		<b>Male:</b>	<b>Female:</b>
<b>Email:</b>		<b>Birth date (MM/DD/YY):</b>	

Please circle appropriate exam type/pricing:

**Personal Trainer: \$399**      **PT Retake: \$199**    **PT Reschedule: \$149**      **PT 2<sup>nd</sup> Certification: \$199**    **PT Exam Voucher**  
**Group Fitness Instructor: \$249**      **GFI Retake: \$199**    **GFI Reschedule: \$149**      **GFI 2<sup>nd</sup> Certification: \$199**    **GFI Exam Voucher**

**Confirmation of exam date will be sent via e-mail with instructions to download and print admission ticket.**

<b>Exam Specific Location (Name of Site, City, Zipcode):</b>	
<b>Exam Date:</b>	<b>Exam Time:</b>
If you took an ACE Certification Exam preparation course at a college, university or vocational school, please list your institution's name. _____	
<b>I am CPR/AED certified by (organization):</b> _____	<b>Exp. Date:</b> _____
<b>All CBT candidates must hold current CPR/AED at the time of registration and it must be valid through exam date.</b> <b>***Online courses without a live skills check will NOT be accepted.***</b>	

<b>Do you Require special accommodations for the exam?</b>	<b>Yes:</b>	<b>No:</b>
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**15 day notice is required for exam requests where special accommodations are needed. Confirmation of Exam Date will be sent via e-mail within 4-5 business days for ADA requests. Supporting documentation must be submitted with this form.**

If you have a special testing need, we will try our best to accommodate you. If your special need is not listed here, please e-mail or call ACE Exam Registration. Any requests submitted without supporting documentation will be rejected. Candidates will be registered for the exam, but not approved for accommodations.

**Limited English Proficiency:** At this time, ACE certification exams are offered only in English and Spanish. If English is not your first language and you wish to have additional time to take the exam, please submit a copy of your birth certificate or passport to ACE along with your registration.

**Disabled Candidates:** Special arrangements, at no charge, can be made if you have a visual, sensory, physical or other disability that prevents you from taking the exam under standard conditions. According to the Americans with Disabilities Act (ADA), documentation of the disability must be made by a professional, qualified to diagnose the disability. Written requests and completed registration information from disabled candidates must include a description of the accommodation requested. ACE reserves the right to determine if the requested accommodation is reasonable. Requests for special accommodations must be postmarked by the ADA request deadline and submitted to ACE.

**Other Requests:** Special arrangements, at no charge, can be made if you have other special requests that are not listed above. Documentation of the special need, made by a professional qualified to make a diagnosis must be submitted with your request. ACE reserves the right to determine if the requested accommodation is reasonable. Requests for special accommodations must be arrive by the ADA request deadline and submitted to ACE.

Please list your accommodation request: \_\_\_\_\_

<b>Circle method of payment:</b>	<b>VISA</b>	<b>MasterCard</b>	<b>American Express</b>	<b>Discover Card</b>	<b>Check Enclosed</b>	<b>Voucher</b>
<b>Card #</b>						<b>Charge/Check Amt.\$</b>
<b>Cardholder (Name as appears on card):</b>						<b>Expiration Date:</b>
<b>Signature:</b>						<b>Credit Card Verification Code:</b>
						<b>Student or Club Code:</b>

**Affirmation Statement**

This is to affirm that the information contained in my registration form is true, complete, and correct to the best of my knowledge. I accept the conditions set forth in the [ACE Certification Candidate Handbook](#) concerning the administration of this test, the reporting of test scores, the certification process, and policies and ACE Professional Practices and Disciplinary Procedures. I agree to release to ACE any information relevant to my certification and recertification, including proof of current CPR certification. I further understand that if any information is later determined to be false, ACE reserves the right to revoke any certification that has been granted on the basis hereof. I agree with, accept, and will adhere to the [ACE Code of Ethics and ACE Professional Practices and Disciplinary Procedures](#) to the best of my ability. I further understand that ACE certification does not certify or in any way guarantee the quality of my work as an ACE-certified Professional. I therefore agree to indemnify and hold harmless ACE, its officers, directors, and staff from any claims due to negligence, omission, or faulty advice that I may give to clients as an ACE-certified Professional. I understand that ACE is not responsible for any actions or damages from any person arising out of my work as an ACE-certified Professional.

**AFFIRMATION SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*PLEASE RETURN COMPLETED REGISTRATION FORM WITH REGISTRATION PAYMENT TO ACE BEFORE THE 10 DAY REGISTRATION DEADLINE\*\***



To take the **ACE Health Coach** Certification Exam, you must hold a current NCCA accredited certification in fitness, nutrition, healthcare, wellness, human resources, or related field; or a minimum of a 2-year (Associates) degree or comparable work experience in fitness, exercise science, nutrition, healthcare, wellness, human resources or a related field. Candidates that do not hold an ACE certification must submit documentation to validate they meet eligibility requirements. This can include a copy of current NCCA accredited certification, degree, unofficial transcripts, or letter from a supervisor who can confirm comparable work experience. Candidates must also hold a current adult CPR/AED certificate in order to register and present a government-issued photo ID with signature (e.g. driver's license, passport, military ID.) on exam day.

<b>First Name:</b>	<b>M.I.</b>	<b>Last Name:</b>
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<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip code:</b>	<b>Country:</b>
<b>Primary Phone:</b>		<b>Male:</b>	<b>Female:</b>
<b>Email:</b>		<b>Birth date (MM/DD/YY):</b>	

**Please circle appropriate exam type/pricing:**

**First Time: \$399    Retake: \$199    Reschedule: \$149    2<sup>nd</sup> ACE Certification: \$199    Prepaid Exam Voucher**

**Confirmation of exam date will be sent via e-mail with instructions to download and print admission ticket.**

<b>Exam Specific Location (Name of Site, City, Zipcode):</b>	
<b>Exam Date:</b>	<b>Exam Time:</b>
If you took an ACE Certification Exam preparation course at a college, university or vocational school, please list your institution's name. _____	
<b>I am CPR/AED certified by (organization):</b> _____ <b>Exp. Date:</b> _____	
<b>All CBT candidates must hold current CPR/AED at the time of registration and it must be valid through exam date.</b> <b>*Online courses without a live skills check will NOT be accepted.*</b>	

<b>Do you Require special accommodations for the exam?</b>	<b>Yes:</b>	<b>No:</b>
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Please list your accommodation request: \_\_\_\_\_

<b>Circle method of payment:</b>	<b>VISA</b>	<b>MasterCard</b>	<b>Amex</b>	<b>Discover</b>	<b>Check Enclosed</b>	<b>Voucher</b>
<b>Card #</b>						<b>Charge/Check Amt.\$</b>
<b>Cardholder (Name as appears on card):</b>						<b>Expiration Date:</b>
<b>Signature:</b>						<b>Credit Card Verification Code:</b>
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**AFFIRMATION SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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Please return this completed form to:

ACE EXAM REGISTRATION  
4851 Paramount Dr.  
San Diego, CA 92123

(800) 825-3636, EXT .783  
FAX (858) 576-6564  
ExamRegistration@ACEfitness.org



To take the **Medical Exercise Specialist** Certification Exam, you must have 500 hours of work experience designing and implementing exercise programs for apparently healthy individuals and/or high-risk individuals, as documented by a qualified professional. You must also have a minimum of a four-year (Bachelor's) degree in Exercise Science or a related field.

<b>First Name:</b>	<b>M.I.</b>	<b>Last Name:</b>
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<b>Primary Phone:</b>		<b>Male:</b>	<b>Female:</b>
<b>Email:</b>		<b>Birth date (MM/DD/YY):</b>	

Please circle appropriate exam type/pricing:

**CMES First Time: \$399      CMES Retake: \$199      CMES Reschedule: \$149      CMES 2<sup>nd</sup> Certification: \$199      CMES Exam Voucher**

If you are paying with a credit card please call Exam Registration at 800-825-3636 Ext 783 M-F 7am to 5pm PST. If mailing in payment with check please send to the American Council on Exercise, Attn: Exam Registration Department, 4851 Paramount Dr. San Diego, CA 92123.

**Your admission ticket will be sent via e-mail once your registration has been confirmed**

<b>Exam Specific Location (Name of Site, City, Zipcode):</b>	
<b>Exam Date:</b>	<b>Exam Time:</b>
If you took an ACE Certification Exam preparation course at a college, university or vocational school, please list your institution's name. _____	
I am CPR/AED certified by (organization): _____ Exp. Date: _____	
<b>All CBT candidates must hold current CPR/AED at the time of registration and it must be valid through exam date.</b>	
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**AFFIRMATION SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**\*\*\*REGISTRATION FORMS RECEIVED WITHIN 10 DAYS OF RECEIPT CANNOT BE REQUESTED\*\*\***



To take the Medical Exercise Specialist Certification Exam, you must have a minimum of 500 hours of work experience designing and implementing exercise programs for apparently healthy individuals and/or high risk, individuals, as documented by a qualified professional.

**Certified Medical Exercise Specialist candidates must submit the following documentation for approval:**

1. Pre-Approval Form completed by a qualified professional – Please see below.
2. Copy of diploma or unofficial transcripts verifying proof of a completed Bachelor’s degree or higher in exercise science or related field.

**TO THE APPLICANT:** This form must be filled out by a QUALIFIED PROFESSIONAL only (i.e. allied health professionals, fitness directors, club managers, professors or teachers)

**TO THE EVALUATOR:**

- Please provide your professional information in the box below.
- In the space provided (or attach separate document), please comment on the candidate’s 500 hours (or more) of work experience related **specifically** to their knowledge and skills in:
  1. Risk Factor Screening
  2. Client Interview and Client Assessment
  3. Program Design, Implementation and Modification

<b>Evaluator Name:</b>			
<b>Organization:</b>		<b>Title:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Country:</b>	<b>Zip code:</b>
<b>Day Phone:</b>	<b>Email:</b>		
<b>Licenses/Certifications Held:</b>			
<b>Degrees Held:</b>			

I attest that the above named applicant, to the best of my knowledge, has at least 500 hours of experience designing and implementing exercise and physical activity programs for apparently healthy individuals and/or those with health challenges who have been cleared by their physician. I understand that I will not be held responsible for any actions from the applicant arising from the application process for the ACE certification exam, nor from the applicant’s work as an ACE Certified Professional.

EVALUATORS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_