

# CEC Petition Application

## NETA Applicant Information

Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Address: \_\_\_\_\_

Certification Expiration Date: \_\_\_\_\_

## Course Information

Title of Course(s) (Being petitioned for NETA credits)	Organization / Instructor	# of Contact Hours
---	---------------------------	--------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Please Enclose:

\*Check or Money order in the amount of \$15 payable to NETA (for each course being petitioned)

\*Certificate or course completion of transcript    \*Total amount of contact hours or CEC's awarded    \*Course outline or syllabus

### Please Note:

- All coursework must be completed within your current two-year certification period
- All coursework must be directly related to health and / or fitness
- This application will not be process without all the required information.
- Mail To: NETA 5955 Golden Valley Road, Suite 240, Minneapolis, MN 55422 \*Fax:763-545-2524

Number of courses being petitioned: \_\_\_\_\_ Total \$ Enclosed: \_\_\_\_\_

Check# \_\_\_\_\_ Visa/MasterCard# \_\_\_\_\_ Exp Date \_\_\_\_\_

CVC: (last 3 digits on back of cc) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**I understand that the \$15 administrative fee (per course) is non-refundable and does not guarantee that credits will be awarded.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_