

CSEP Atlantic Registration Form

Personal Information
Name: _____
Address: _____
City/Province: _____
Postal Code: _____
E-mail: _____
Phone: (h) _____ (w) _____
Membership Status: <input type="checkbox"/> CPT <input type="checkbox"/> CEP <input type="checkbox"/> CC <input type="checkbox"/> New <input type="checkbox"/> Renewal
CPR Expiry Date: _____ (attach copy)
Other Certifications: _____

Insurance Claim Questions
1. Has any claim or suit alleging malpractice, a negligent act, error or omission, or breach of duty been brought against you? If yes, please provide details. <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
2. Have you any knowledge of any circumstances that could result in a claim or suit being brought against you? If yes, please provide details. <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
If you answered yes to either of these questions, please explain on a separate piece of paper.

Course Information
Please check one: <input type="checkbox"/> CPT <input type="checkbox"/> CEP
Location of Course: _____
Course Conductor: _____
Course Date: _____

Your Checklist
<input type="checkbox"/> Money Order or Cheque payable to Fitness NB in the amount of \$140.00 for CPTs and \$200.00 for CEPs. Visa and MasterCard may also be used. Please provide card number and expiry date below: Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card #: _____ Card Expiry: _____ Security Number (3 digits found on back of card): _____
<p>Please Note: The Professional Association Fees are pro-rated effective October 1st. Please contact the Atlantic office to be advised of the pro-rated amount before sending in payment. Toll Free 1-888-790-1411 or if calling outside of Atlantic Canada 506-672-1993</p>
<input type="checkbox"/> Photocopy of current CPR and First Aid (CPR must be updated annually with CEP's holding a minimum of CPR Level C.)

Office Use Only
Date received: _____
<input type="checkbox"/> 1 st half <input type="checkbox"/> 2 nd half
Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Status of Membership Package <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
Requires: <input type="checkbox"/> Membership Fee <input type="checkbox"/> CPR

Mail completed form to:
 CSEP Atlantic
 c/o Fitness New Brunswick, 1216 Sand Cove Road, Unit 2
 Saint John, NB E2M 5V8

