

CSEP Atlantic Registration Form

Personal Information

Name: _____

Address: _____

City/Province: _____

Postal Code: _____

E-mail: _____

Phone: (h) _____ (w) _____

Membership Status:
 CPT CEP CC

New 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.

Yes No

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.

Yes No

If you answered yes to either of these questions, please explain on a separate piece of paper.

Course Information

Please check one: CPT CEP

Location of Course: _____

Course Conductor: _____

Course Date: _____

Office Use Only

Date received: _____
 1st half 2nd half

Payment
 Cheque Money Order Visa MasterCard

Status of Membership Package
 Complete
 Incomplete

Requires: Membership Fee CPR

Your Checklist

Money Order or Cheque payable to Fitness NB in the amount of \$150.00 for CPTs and \$210.00 for CEPs. Visa and MasterCard may also be used. Please provide card number and expiry date below:

Card Type: Visa MasterCard

Card #: _____

Card Expiry: _____

Security Number (3 digits found on back of card): _____

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

Photocopy of current CPR and First Aid (CPR **must** be updated annually with CEP's holding a minimum of CPR Level C.)

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

