

Continuing Education Credit (CEC) Request Form

Your Name: _____

Name of Workshop/Training: _____

Date: _____

Location: _____

Length: _____

Name of Trainer/Facilitator: _____

Description of Workshop/Training: _____

Please note: Proof of registration or completion of training must also accompany this form.

Please forward completed form and proof of workshop registration/completion to Fitness NB.

Fitness NB

1216 Sand Cove Road, Unit 2

Saint John, NB

E2M 5V8

Tel: (506) 672-1993

Toll Free in N.B.: 1-888-790-1411

Fax: (506) 672-8762

E-mail: membershipservices@fitnessnb.ca

Please note: In order to receive Continuing Education Credits for your current re-certification, the workshop/training listed above must fall within your two year re-certification time frame. (ie: If your re-certification date is March 31st, 2009, any training submitted for assessment must be between April 1st 2007 and March 31st, 2009.)