



# Personal Trainer or Group Fitness Instructor Exam Registration Form

Please print, complete, sign and date the Registration Form and the Applicant Documentation Form and mail to ACE with your registration fee. Registration forms must be postmarked or time stamped no later than 45 days prior to the exam date.

ACE Exam Registration  
4851 Paramount Drive, San Diego, CA 92123  
Fax: 858-279-8064

First Name:	Last Name:	MI:
Birthdate:	SSN:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		City:
State/Province:	Zip/Postal Code:	Country:
Day Phone:	Evening Phone:	Email:

Please indicate which exam you are registering for:

<input type="checkbox"/> Personal Trainer	<input type="checkbox"/> Group Fitness Instructor	Exam Date:	Exam Location:
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Please indicate language version: (Personal Trainer Exam only)

English  Spanish

Please indicate the following where applicable:

<input type="checkbox"/> Retake	<input type="checkbox"/> Reschedule	<input type="checkbox"/> Exam Site Transfer	New Exam Location:
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Do you Require special accommodations for the exam?  Yes \*  No

If you have a special testing need, we will try our best to accommodate you. If your special need is not listed here, please write or call ACE Exam Registration. Special requests regarding the following must be received by ACE or postmarked at least 60 days prior to the exam date. Any requests submitted without supporting documentation will be rejected. Candidates will be registered for the exam, but not approved for accommodations.

- Religious Obligations.** If the ACE certification exam is held on a day that conflicts with your religious obligations, ACE will try to arrange a special exam day for you. Please include a letter from your clergy to ACE documenting your need for a special exam day.
- 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, submit a copy of your birth certificate or passport to ACE 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 this 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 postmarked by the ADA request deadline and submitted to ACE.

**Accommodation Request:**  International Military Personnel and Dependents (DANTES)  
 Religious Obligations  Limited English Proficiency  Disabled Candidates  Other: \_\_\_\_\_

<input type="checkbox"/> I've enclosed a check or money order made payable to: ACE Certification Exam	Total Fee Enclosed: \$
<input type="checkbox"/> Please bill my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Charge Amt. \$ <span style="float: right;">Card Holder:</span>
Card #:	Expiration Date: <span style="float: right;">Signature:</span>

### AFFIRMATION

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 guide 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.

**YES, I have a current CPR certificate** I am CPR certified by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
AFFIRMATION SIGNATURE

**NO, I do not have a current CPR certificate.** If you answer "No," ACE will not release your exam scores until we have received documentation that you have completed your CPR certification. Upon Completing CPR certification, please fax or mail a copy to ACE Exam Registration.