

EXERCISE IS MEDICINE®

Health Fitness Professional Credential Application Form

Congratulations! You have earned 5 CECs by completing the online course and passing the online exam. If you wish to obtain the Exercise is Medicine® credential, please complete this form. The credential has three levels, each level corresponds to an increasing risk and complexity of the patient population being served.

- **Level One Requirements:**
 - [NCCA](#) or [ANSI/ISO](#)-accredited fitness professional certification
 - Successful completion of the EIM credential training course and EIM credential examination
- **Level Two Requirements:**
 - Approved BS/BA in Exercise Science/Exercise Physiology/Kinesiology
 - [NCCA](#) or [ANSI/ISO](#)-accredited fitness professional certification
 - Successful completion of the EIM credential training course and EIM credential examination
- **Level Three Requirements:**
 - Approved MS/MA Exercise Science/Exercise Physiology/Kinesiology OR approved BS/BA in Exercise Science/Exercise Physiology/Kinesiology plus 4,000 hours of experience in a clinical exercise setting
 - [NCCA](#) or [ANSI/ISO](#)-accredited clinical exercise certification (ACSM CEP or ACE Medical Exercise Specialist)

****In order to avoid formatting errors, please download this form and complete from your desktop rather than from your web browser. You can also print, hand write and scan.**

I. APPLICATION INFORMATION		ACSM ID:	
First Name:	M.I.	Last name:	
Address Line 1:			
Address Line 2:			
City	State:	Postal Code:	Country:
Email Address:		Phone:	
II. QUALIFICATION INFORMATION			
I am applying for credential level: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three			
University where Degree Earned:	Exercise Science Degree(s): <input type="checkbox"/> BS/BA <input type="checkbox"/> MS/MA <input type="checkbox"/> PhD		Year Earned:
Name of Degree, Major, Specialization/Emphasis:			
My qualifying NCCA or ANSI/ISO certification is with:			
Title of Certification:		Certification Number:	
Date First Certified:		Certification Expiration Date:	
EIM Course and Exam Pass Date:			

III. PAYMENT INFORMATION

- Application Fee is \$25
- Payment options:
 - Enclose a check/money order payable to ACSM (ACSM Fed ID # 23-6390952). All payments must be in U.S. dollars (\$25 fee for returned checks).
 - Charge \$25 application fee to:
 - Mastercard® Visa® Discover® American Express®
 - Card Number:
 - Expiration Date: Security Code:

Signature authorizes ACSM to charge credit card for \$25

- Email this application to: Mail or fax this application to:
Exercise is Medicine **ACSM National Center**
eim@acsm.org **ATTN: EIM**
 PO Box 1440
 Indianapolis, IN 46220
 Fax: (317) 634-7817

Signature of Applicant: _____ Date: _____

I, by the signature affixed above, understand that the continued CPR certification is a necessary component for, and requirement for, valid ACSM certification; and I confirm that I have met all the minimum requirements for this level of credential and will provide proof if necessary. I have completed the application to the best of my knowledge and the information is accurate and true.