



Certified Personal Trainer (CPT)

Declaration of Inactivity

I, _____ declare that as of _____, 200____
PRINT NAME DATE

I will not be performing any related tasks of a CSEP-CPT.

The reason I will not be performing CPT related tasks:

In changing my CPT status to inactive I understand that **I will still be required to renew my CPT status every year as required by Alberta CSEP.** As well I am required to provide the following requirements for each yearly renewal:

- CPT Renewal Fee (Payable to the Provincial Fitness Unit)
- CPR – Level C or Health Care Provider *within one year of the date of issue and current at time of renewal*
- Completed CSEP Renewal Survey

I understand that when I decide to resume CPT related tasks I must apply **in writing** to the Alberta CSEP Office for reinstatement of my **active status** as a CPT. I also understand that all regular renewal requirements must be fulfilled by the next scheduled renewal date after reinstatement (e.g. Professional Development Credit accumulation, CPT re-certification courses, etc.)

Signature _____ Date _____

**Please submit this form with your renewal to:
CSEP Program Coordinator, Provincial Fitness Unit
Faculty of Physical Education and Recreation
University of Alberta
Edmonton, Alberta, T6G 2H9
Phone: 780-492-4435
Fax: 780-455-2264**