



CERTIFICATION RENEWAL FORM

Greetings Peak Pilates Graduate! It is time to renew your certification. You may either progress into the next level of training in the near future or you will need to submit the 14 required hours to maintain your status as a certified Peak Pilates graduate.

Our Chair and Barrel Workshops and MVe Instructor Prep are great options for continuing education (Fitness courses are not accepted as continuing education for Pilates). Please visit our website at www.peakpilates.com to review all of our scheduled trainings. If you do not attend Peak Pilates approved classes for your CECs, you will need to fill out the following form to petition for their approval. A minimum of 8 Peak Pilates CECs are required.

Name: _____ Graduate of: _____ Certificate #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____ Cell: _____ Email: _____

PEAK CEC COURSES:

MVe Reformer Chair Level I Barrel Level I Other: _____
 MVe Chair Chair Level II Barrel Level II

FOR NON PEAK APPROVED COURSES PLEASE LIST BELOW. A COPY OF ATTENDANCE IS REQUIRED.		
Date and name of class	Location and trainer	# of CECs

Check boxes that apply:

Renewal Fee:

- \$50.00 prior to expiration date
- \$100.00 up to 6 months after expiration date
- \$150.00 6-12 months after expiration date (if your certificate has expired for one year or more, you must retake the entire course)

Processing Fee:

- \$15.00 if petitioning for approval of classes

Lost Certificate:

- \$25.00 to replace certificate (otherwise we will send a sticker with your new expiration date to place on your existing certificate)

Payment Information:

- Check/Money Order (make payable to Peak Pilates)
- Visa
- MasterCard
- American Express

Credit Card Number

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Peak Pilates
5603 Arapahoe Ave. Suite 1
Boulder, CO 80303

phone: 800.925.3674
fax: 303.473.9142
education@peakpilates.com

Expiration Date

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(month/year)

3 or 4 Digit Code

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(on back of card)

Signature: _____



PETITION FOR PEAK PILATES CONTINUING EDUCATION CREDITS

Name:

Graduate of:

Address:

City:

State:

Zip Code:

Daytime Phone:

Cell:

Email:

Please submit:

- Completed petition form and payment
- Certificate of Attendance
- Complete course summary, objective, and outline

Course Name:

Date of Completion:

Course Location/ Provider:

Course Date:

Course Length:

Course Hours

Instructor:

Course Summary:

Course Objectives:

Course Outline:

