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NETA-CB Certification Exam Application and Compliance Statement

Please fill in the required fields below to be registered for the
Personal Trainer Certification Exam.

NETA I.D. #: _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

E-mail Address: _____

Telephone: Day (____) _____ Evening (____) _____

I have read and agree to abide by the NETA examination policies as stated in the NETA-CB Candidate Handbook available for download at www.netafit.org

Signed: _____ Date: _____