



Pilates Teacher Certification Renewal Application

Certified Pilates Teacher™

Please complete, sign, and date the application form and mail it to Castle with your application fee and required documentation. Your application will not be processed until it is complete with all requested information, including copies of your continuing education documentation. Please allow 10 days for application processing. In order to receive important electronic correspondence regarding certification, please ensure that your e-mail program will accept e-mails from ibt@castleworldwide.com and pma@castleworldwide.com.

To be considered complete, applications **MUST** include:

- A completed & signed application
- CEC documentation
- Certificate renewal fee
- Name change documentation (if applicable)

**** Please use this checklist to ensure proper processing of your application. Incomplete applications will NOT be processed.**

A. PERSONAL INFORMATION

To renew certification, the applicant must be at least 18 years of age.

Last Name _____ First Name _____ Middle Name _____
(Please list your full name AS IT APPEARS on your certificate.)

Please check here if your name has changed since initial certification. You must submit official documentation with your application.

Address (home) _____ Check here if this is a new address.

City _____ State _____ ZIP _____ Country _____

Telephone (home) _____ Telephone (work) _____

E-mail (required) _____ Date of Birth _____

Date of Original Certification _____ Certification Number _____

B. CONTINUING EDUCATION

To renew certification, you must complete sixteen (16) hours of continuing education units (CEC) during the two-year period of your certification. Candidates are allowed a six-month grace period to complete and submit CECs and/or petition for credit. Applicable late fees will apply. Credits must be earned through PMA-approved CEC providers. You can locate PMA-approved CEC providers by going to www.pilatesmethodalliance.org and clicking on the home page link called 'Find a CEC Provider'. **You must submit documentation by sending copies of certificates of course/training completion with this application.**

Please fill out the information requested below. Attach additional paper, if necessary.

Date:	Course Title:	Provider Name:	CECs:
<i>Example: 5/26/07</i>	<i>Pilates for Professionals</i>	<i>World Fitness IDEA</i>	<i>1.0</i>
TOTAL HOURS			

C. SIGNATURE AND VERIFICATION OF INFORMATION

I understand that Castle Worldwide may verify my continuing education and training. I agree to cooperate in such a review and will allow others to provide information regarding my abilities and experience. I hereby solemnly declare and affirm, under the penalties of perjury, that the facts and matters contained in the foregoing application are true and correct.

Signature of Candidate _____ Date _____

D. PAYMENT INFORMATION

The certificate renewal fee is non-refundable. Active PMA members are eligible for a 10% discount. **Membership must be current at time of application submission to qualify for discount.** Please check the appropriate box below.

Renewal Fees:

<input type="checkbox"/> Prior to expiration date of certificate:	Nonmember: <input type="checkbox"/> \$105	Active Member: <input type="checkbox"/> \$ 94.50
<input type="checkbox"/> Up to six (6) months after expiration date of certificate:	<input type="checkbox"/> \$145	<input type="checkbox"/> \$130.50

**** Candidates wishing to renew their certification more than six (6) months after expiration must retake the examination.****

**** If renewal applications are still incomplete six months after certificate expiration, the application will be closed and the fees forfeited. Candidates wishing to renew after this period must retake the examination. ****

Money Order / Check Payment Enclosed \$ _____ (Payable to Castle Worldwide, Inc. in US funds)

*** For international candidates, Castle will accept candidate fees payable in US funds by money order or credit card only.**

Credit Card Payment MasterCard Visa

Authorized Name on Card _____ Fee Amount to be Paid \$ _____

Credit Card Account Number _____ Expiration Date _____

Authorized Credit Card Holder's Signature _____

Billing Address _____

City _____ State _____ ZIP _____ Country _____

Telephone _____ E-mail _____

Castle receives and processes all applications. An application will not be processed until it is complete.

Send all materials to the following address:

Castle Worldwide, Inc.

Attention: Pilates Certification Examination

P.O. Box 570

Morrisville, NC 27560

Telephone: 919.572.6880

Facsimile: 919.361.2426

