



**CONTINUING EDUCATION
VALIDATION FORM**

This is to verify that Gina Pong
(PARTICIPANT NAME - PLEASE PRINT)

*has attended AFAA's
**Personal Fitness Trainer
Certification**
and has earned 15 CEUs*

2/24/08 St Louis, Mo
DATE CITY, STATE

Maureen
SIGNATURE OF PRESENTER

Note: These continuing education units may only be used for renewing certifications that were achieved prior to above date. Please retain this original form, and submit a copy to AFAA when it is time to submit your recertification application. Completion of this course satisfies the mandatory AFAA course requirement for recertification.

Aerobics and Fitness Association of America
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