



5955 Golden Valley Road, Suite 240 | Minneapolis, MN 55422 | 800-237-6242

NETA-CB Certification Exam Application and Compliance Statement

Please fill in the required fields below to be registered for the
Group Exercise Instructor 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: _____