



12800 Industrial Park Blvd., Suite 220 | Minneapolis, MN 55441 | 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](http://www.netafit.org)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_