



# Pilates Teacher Certification Application

Certified Pilates Teacher™

Please complete, sign, and date the application form and mail it to CASTLE Worldwide, Inc. 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 CPR certification and education/experience documentation. Please allow 10 days for application processing.

## A. PERSONAL INFORMATION

To sit for the certification examination, the applicant must be at least 18 years of age.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Maiden/Former Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address (home) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_  
 Fax (home) \_\_\_\_\_ Fax (work) \_\_\_\_\_ E-mail (required) \_\_\_\_\_

## B. CPR CERTIFICATION

To sit for the certification examination, all applicants must be CPR certified. You must provide a copy of both sides of your CPR card. PLEASE DO NOT SEND YOUR ORIGINAL CARD.

Current CPR Certification  
 License/Registration Held \_\_\_\_\_ License/Registration No. \_\_\_\_\_  
 Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

## C. EDUCATION/EXPERIENCE

To sit for the examination you must have education and/or experience in the field of Pilates or other current exercise sciences or related fields. You must meet and provide documentation for one (1) of the following three eligibility options.

Please check one:

- 200 documented hours of training in a Pilates teacher training program.  
Please fill out Form A at the back of the Candidate Handbook and return it with this application.
- Six (6) months (or 720 hours) of full-time employment as a Pilates teacher within the last twelve (12) month period.  
Please fill out Form B at the back of the Candidate Handbook and return it with this application. You may not verify your own employment.
- Certification from one of the following NCCA-accredited programs (please check one):
 

<input type="checkbox"/> American College of Sports Medicine (ACSM): PT	<input type="checkbox"/> National Exercise Trainers Association (NETA): PT
<input type="checkbox"/> American Council on Exercise (ACE): GFI or PT	<input type="checkbox"/> National Federation of Professional Trainers (NFPT): PT
<input type="checkbox"/> Board of Certification for the Athletic Trainer: ATC	<input type="checkbox"/> National Strength and Conditioning Association (NSCA): CSCS or NSCA-CPT
<input type="checkbox"/> National Academy of Sports Medicine (NASM): CPT	
<input type="checkbox"/> National Council on Strength and Fitness (NCSF): PT	

Please provide a copy of your certificate with this application.

Please Complete Both Sides of Application

## D. SIGNATURE AND VERIFICATION OF INFORMATION

I understand that, in order to process my application, CASTLE Worldwide may verify my 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 \_\_\_\_\_

## E. PAYMENT INFORMATION

The application fee is \$295.00. Active PMA members are eligible for a 15% discount. The application fee is non-refundable.

Please check one:

- I am an active member of PMA. I agree to pay an application fee in the amount of \$250.75. (**Membership must be current at time of application submission to qualify for discount.**)
- I am **NOT** an active member of PMA. I agree to pay an application fee in the amount of \$295.00.

Check Payment Enclosed \$ \_\_\_\_\_ (Payable to CASTLE Worldwide, Inc.)

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 \_\_\_\_\_

## F. TEST REGISTRATION

I wish to take the examination by:

- Computer (On demand, subject to test site availability)
- Paper-and-Pencil
- February 21, 2008. Cape Town, South Africa. Completed applications must be received by December 21, 2007.
  - May 1, 2008. Köln (Cologne), Germany. Completed applications must be received by March 3, 2008.
  - November 6, 2008. PMA 8th International Educational Conference. Phoenix, Arizona. Completed applications must be received by September 22, 2008.

CASTLE Worldwide, Inc. receives and processes all applications. An application will not be processed until it is complete. Upon verification of your eligibility, you will receive a username and password which will allow you to schedule a testing session through CASTLE's web-based test registration system. **You must register for testing within 90 days of receiving your eligibility notice.** If you do not register for testing within 90 days, your username and password will expire and you will be charged a \$50 fee to re-activate your eligibility.

If an application is missing pertinent information 90 days after original receipt, the application will be closed and the application fee will be forfeited. Candidates who do not complete their application within 90 days may reactivate their application by submitting a \$75 fee within 30 days of the application expiration.

**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

