



# ACTION CERTIFIED PERSONAL TRAINER WRITTEN EXAMINATION INFORMATION

#### **ELIGIBILITY**

You will receive an eligibility email from ACT, Inc. when you are eligible to sit for the exam.

Once you have been approved, you will receive an email confirmation from PSI. You are responsible for contacting PSI to schedule the examination. Your eligibility is valid for one examination attempt

## EXAMINATION REGISTRATION AND SCHEDULING PROCEDURES

Upon eligibility by ACTION, you are responsible for contacting PSI to pay and schedule for the examination. All questions and requests for information about the examination should be directed to PSI.

PSI Services LLC 3210 E Tropicana Las Vegas, NV 89121 (800) 733-9267 • Fax (702) 932-2666 www.psiexams.com

The following fee table lists the applicable fee for each examination. The fee is for <u>each</u> examination, whether you are taking the examination for the first time or repeating.

Examination Fee \$60 (Payable to PSI)

NOTE: REGISTRATION FEES ARE NOT REFUNDABLE OR TRANSFERABLE

#### INTERNET REGISTRATION

For the fastest and most convenient test scheduling process, PSI recommends that candidates register for their examinations using the Internet. To register over the Internet, candidates will need to have a valid credit card (VISA, MasterCard, American Express or Discover). Candidates register online by accessing PSI's registration website at <a href="https://www.psiexams.com">www.psiexams.com</a>. Internet registration is available 24 hours a day. To register by Internet, complete the steps below:

- Complete the registration form online and send it to PSI via the Internet.
- Upon completion of the online registration form, you will be given the available examination dates and locations for scheduling your examination. Select your desired testing date.

#### **TELEPHONE REGISTRATION**

To schedule an examination by phone, please call 800-733-9267. The times of operation for live operators are as follows:

Time Zone	Monday - Friday	Saturday - Sunday
Eastern Time	7:30am - 10:00pm	9:00am - 5:30pm
Central Time	6:30am - 9:00pm	8:00am - 4:30pm
Mountain Time	5:30am - 8:00pm	7:00am - 3:30pm
Pacific Time	4:30am - 7:00pm	6:00am - 2:30pm

#### **FAX REGISTRATION**

For fax registration, you will need a valid credit card (VISA, MasterCard, American Express or Discover).

- Complete the Examination Registration Form, including your credit card number and expiration date.
- 2. Fax the completed form to PSI (702) 932-2666. Fax registrations are accepted 24 hours a day.
- 3. Please allow 4 business days to process your registration. After 4 business days, you may call PSI to schedule the examination at (800) 733-9267.

### STANDARD MAIL REGISTRATION

- Complete the Examination Registration Form found in this Candidate Information Bulletin. BE SURE TO READ ALL DIRECTIONS CAREFULLY BEFORE COMPLETING THE EXAMINATION REGISTRATION FORM. IMPROPERLY COMPLETED FORMS WILL BE RETURNED TO YOU UNPROCESSED.
- Payment of fees may be made by credit card (VISA, MasterCard, American Express or Discover), company check, cashier's check, or money order. Make check or money order payable to PSI and print your social security number on it to ensure that your fees are properly assigned. CASH AND PERSONAL CHECKS ARE NOT ACCEPTED.

- 3. Send the completed original form to PSI with the appropriate examination fee.
- 4. Please allow 2 weeks to process your Registration before scheduling your examination.

#### **RETAKING A FAILED EXAMINATION**

It is not possible to make a new examination appointment on the same day you have taken an examination; this is due to processing and reporting scores. A candidate who tests unsuccessfully on a Wednesday can call the next day, Thursday, and retest as soon as Friday, depending upon space availability. You may access a registration form at www.psiexams.com. You may also call PSI at 800-733-9267.

#### **CANCELING AN EXAMINATION APPOINTMENT**

You may cancel and reschedule an examination appointment without forfeiting your fee if your cancellation notice is received 2 days before the scheduled examination date. For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may call PSI at 800-733-9267.

Note: A voice mail message is not an acceptable form of cancellation. Please use the PSI Website or call PSI to speak directly to a Customer Service Representative.

#### MISSED APPOINTMENT OR LATE CANCELLATION

Your registration will be invalid, you will not be able to take the examination as scheduled, and you will forfeit your examination fee, if you:

- Do not cancel your appointment 2 days before the schedule examination date;
- Do not appear for your examination appointment;
- Arrive after examination start time;
- Do not present proper identification when you arrive for the examination.

#### **EXAM ACCOMMODATIONS**

All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990, and exam accommodation will be made in meeting a candidate's needs. Applicants with disabilities or those who would otherwise have difficulty taking the examination must fill out the form at the end of this Candidate Information Bulletin and fax it to PSI (702) 932-2666.

#### **EXAMINATION SITE**

There are nationwide examination centers. You will be provided with the locations upon scheduling for your examination.

#### REQUIRED IDENTIFICATION

Candidates need to provide one (1) form of identification.

Candidates must register for the exam with their LEGAL first and last name as it appears on their government issued identification. All required identification below must match the first and last name under which the candidate is registered.

Candidate needs to provide one (1) form of valid, unexpired identification. Temporary ID **not** acceptable.

#### PRIMARY IDENTIFICATION - Choose One

- State issued driver's license
- State issued identification card
- US Government Issued Passport
- US Government Issued Military Identification Card
- US Government Issues Alien Registration Card

If testing in Canada you must present a valid government issued photo identification.

If you cannot provide the required identification, you must call 800-733-9267 at least 3 weeks prior to your scheduled appointment to arrange a way to meet this security requirement. Failure to provide ALL of the required identification at the time of the examination without notifying PSI is considered a missed appointment and you will not be able to take the examination at that time.

#### **SECURITY PROCEDURES**

The following security procedures will apply during the examination:

You may not bring a calculator. Scratch paper and a pencil are allowed.

- If you leave the testing room while the examination is in progress, you must sign out/in on the sign-in sheet and you will lose the examination time. You are not allowed to use any electronic devices or telephones during the examination.
- NO conversing or any other form of communication among candidates is permitted once you enter the examination area.
- Please be advised that children, cell phones, pagers, cameras, programmable electronic devices and recording devices of any kind are NOT allowed to enter PSI testing centers. Additionally, NO personal items are to enter the testing centers. PSI will not be responsible for any personal items, and suggests that you leave such items in another safe place, of your choosing.
- No smoking, eating, or drinking will be allowed at the examination site.
- You may not exit the building during the examination.
- Copying or communicating examination content is a violation of PSI security policy and the State Law. Either one may result in the disqualification of examination results and may lead to legal action.
- Calculators are not allowed.

#### TAKING THE EXAMINATION BY COMPUTER

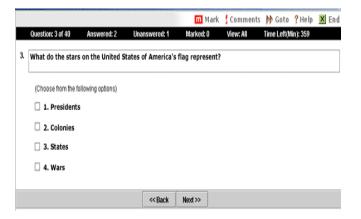
The examination will be administered via computer. You will be using a mouse and computer keyboard.

#### **IDENTIFICATION SCREEN**

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

#### **TEST QUESTION SCREEN**

The "function bar" at the top of the test question screen provides mouse-click access to the features available while taking the examination.



One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

IMPORTANT: After you have entered your responses, you will later be able to return to any question(s) and change your response, provided the examination time has not run out.

#### **EXAMINATION INFORMATION**

# of Questions	% Required to Pass	Time Allowed
150	70%	150 Minutes

#### **Content Outline**

Subject Area	
Anatomy	
Correct Exercise Form	
Exercise Analysis and Biomechanics	
Scope of Practice and Role	
Client Goals	
Lifestyle	
Medical History-Clearance	
Body Composition	
Cardio Assessment	
Flexibility Assessment	
Functional Assessment	
Risk factors and Safe Limits	
Strength-Endurance Assessment	
Exercise Selection and Performance	
Program Design	
Safety and Warning Signs	
Nutrition Awareness	
Benchmark Assessment	
Continuous Communication and Follow Up	
Long Term Planning	
Program Redesign	
Building a Client Base	
Business Entities	
Contracts, Liability, Budget	
Ethics and Privacy	
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WWW.PSIEXAMS.COM 5/1/2018 3



# ACTION CERTIFIED PERSONAL TRAINER EXAMINATION REGISTRATION FORM

Before you begin. . .

Read the Candidate Information Bulletin before filling out this registration form. You must provide all information requested and submit the appropriate fee. PLEASE TYPE OR PRINT LEGIBLY. Registration forms that are incomplete, illegible, or not accompanied by the proper fee will be returned unprocessed. Registration fees are not refundable.

1	Legal Name:	
	regul Hame.	Last Name First Name M.I.
2.	Candidate/Member ID:	Found at the top of the ACTION Certification Portal
3.	Mailing Address:	Number, Street Apt/Ste
		Aptrisee Aptrisee
		City State Zip Code
4.	Telephone: Home	Office
5.	Email:	
6.	Examination: Action Ce	ertified Personal Trainer
7.	Total Fee \$60: You may accepted.	pay by credit card, money order, cashier's check or company check only. Cash and personal checks are n
	If paying by credit card,	check one: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover
	Card No:	Exp. Date:
	Card Verification No:	The card verification number may be located on the back of the card (the last three digits on the signature strip) or on the front of the card (the four digits to the right and above the card account number).
	Billing Street Address:	Billing Zip Code:
	Cardholder Name (Print)	: Signature:
8.	I am submitting the Exam A	Accommodation Request form (at the end of this bulletin) and required documentation.  □ Yes □ No
		the information provided on this registration form (and/or telephonically to PSI) is correct. I understand information may result in denial of licensure. I have read and understand the Candidate Information
	Signature:	Date:

If you are registering by mail or fax, sign and date this registration form on the lines provided.

Complete and forward this registration form with the applicable examination fee to:

PSI Services LLC \* ATTN: Examination Registration - ACT

3210 E Tropicana Ave \* Las Vegas, NV\* 89121 Fax (702) 932-2666 \* Tel (800) 733-9267 \* TTY (800) 735-2929 \* www.psiexams.com



### **EXAM ACCOMMODATIONS REQUEST FORM**

All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990. Applicants with disabilities or those who would otherwise have difficulty taking the examination may request exam accommodations.

Candidates who wish to request exam accommodations because of a disability should fax this form and supporting documentation to PSI at (702) 932-2666.

#### Requirements for special arrangement requests

You are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted to PSI on the letterhead stationery of the authority or specialist and include the following:

- Description of the disability and limitations related to testing
- Recommended accommodation/modification

step.

- Name, title and telephone number of the medical authority or specialist
- Original signature of the medical authority or specialist

egal Name:	:	
_	Last Name	First Name
ddress:		
	Street	City, State, Zip Code
Telephone:	(	(
	Home	Work
Email Addre	ss:	
Check any e	exam accommodations you require (requests must	concur with documentation submitted):
	Reader (as accommodation for visual impairment r learning disability)	☐ Extended time (Additional time requested:)
	arge-print written examination	□ Other

DO NOT SCHEDULE YOUR EXAMINATION UNTIL THIS DOCUMENTATION HAS BEEN RECEIVED AND PROCESSED BY PSI EXAM ACCOMMODATIONS.

PSI Services LLC 3210 E Tropicana Las Vegas, NV 89121