



# Retake Application for the Pilates Teacher Certification

Certified Pilates Teacher™

Please complete, sign, and date the application form and mail it to CASTLE Worldwide, Inc. with your fee. If you fail the examination, you may reapply to take the examination following a 30-day waiting period from your last test date. Your application will not be processed until it is complete with all requested information, including copies of your CPR certification. Please allow 10 days for application processing.

## A. PERSONAL INFORMATION

Please fill in the space below with any updates to your name or contact 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. If your CPR certification has expired since your initial application, you must submit documentation of your CPR renewal with your retake application. 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. PAYMENT INFORMATION

The retake fee is \$150.00. This fee is non-refundable.

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 \_\_\_\_\_

Please Complete Both Sides of Application

## **D. SIGNATURE AND VERIFICATION OF INFORMATION**

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. TEST REGISTRATION**

I wish to take the examination by:

Computer (On demand, subject to test site availability).

Paper-and-Pencil

November 1, 2007. PMA 7th International Educational Conference. Orlando, Florida. Completed applications must be received by September 17, 2007.

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 you have not successfully completed the examination after three attempts, you will be required to submit a new application and supporting documentation following a six-month waiting period, during which additional study and training is recommended.

### **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

