



# Pilates Teacher Certification Renewal Application

Application and payment will be processed upon receipt; however, your application will not be considered complete, and renewal certificate will not be issued until Castle has received all requested information, including copies of continuing education documentation. In order to receive important electronic correspondence regarding certification, please ensure that your email program will accept emails from [ibt@castleworldwide.com](mailto:ibt@castleworldwide.com) and [pma@castleworldwide.com](mailto:pma@castleworldwide.com). Applications with check payment will be placed on payment hold for 15 days.

Please complete, sign, and date this application form. Completed applications can be submitted as follows:

Enter data and save a copy to your desktop. Submit completed application to Castle Worldwide via email, mail or fax.

Castle Worldwide, Inc.  
Attention: PMA-Pilates Certification Examination  
P.O. Box 570, Morrisville, NC 27560 USA  
Telephone: +1 919.572.6880  
Facsimile: +1 919.361.2426  
Email: [PMA@castleworldwide.com](mailto:PMA@castleworldwide.com)

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**PERSONAL INFORMATION:** *Please list your full name as it appears on your certificate.*

Please check here if your name has changed since initial certification. You must submit official documentation with your application.

Last Name:  First Name:  Middle Name:

Please check here if this a new address

Address:  City:

State/Province:  Zip/Postal code:  Country:

Contact Number: (include country/city code)  E-mail  Birth Date:

Date of Original Certification:

Certification Number:

**CONTINUING EDUCATION:**

To renew certification, you must complete sixteen (16) hours of continuing education units (CEC) during the two-year period of your certification. Candidates are allowed a six-month grace period to complete and submit CECs and/or petition for credit. Applicable late fees will apply. You can locate PMA-approved CEC providers by going to [www.pilatesmethodalliance.org](http://www.pilatesmethodalliance.org) and clicking continuing education/approved CEC offerings. You must submit copies of certificates of course/training completion with this application.

Course Date:

Title:

Provider Name:

CEC's

Course Date:

Title:

Provider Name:

CEC's:

Course Date:

Title:

Provider Name:

CEC's:

Course Date:

Title:

Provider Name:

CEC's:

Course Date:

Title:

Provider Name:

CEC's:

Total number of CEC's:

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**SIGNATURE AND VERIFICATION OF INFORMATION:**

I understand that Castle Worldwide may verify my continuing 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.

Candidate Signature:

Date:



**PAYMENT INFORMATION:**

The certification renewal fee is non-refundable. Active PMA members are eligible for a 10% discount. Membership must be current at time of application submission to qualify for discount. Please check the appropriate box below.

Renewal Fees:

	Non-Member:	Active Member:
Prior to expiration date of certificate:	\$105	\$ 94.50
Up to six (6) months after expiration date of certificate:	\$145	\$130.50

- Candidates wishing to renew their certification more than six (6) months after expiration must retake the examination.
- Castle receives and processes all applications. 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 written request and a \$75 fee within 30 days of the application expiration. If the application is not completed during this 90-day period, the application will be closed and the candidate must re-apply and pay the application fee

Checks not accepted from non-US countries. Non-US countries, *Castle will accept credit card payment only. Non US credit cards should have authorization prior to submission.*

Check payment enclosed: *(Make checks payable to Castle Worldwide, Inc in US dollars).*

Credit Card Payment:	Name on the card:	Fee amount to be paid:
<input type="checkbox"/> Mastercard	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Visa		
<input type="checkbox"/> American Express		

Credit Card Number:	Expiration Date:	Authorized Credit Card Holder's Signature: <i>(must use <b>SIGN</b> button at the top of page to add signature).</i>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Billing Address:

City:	State/Province	Zip/Postal Code:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Country:

Contact Number: (include country/city code)	E-mail
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>