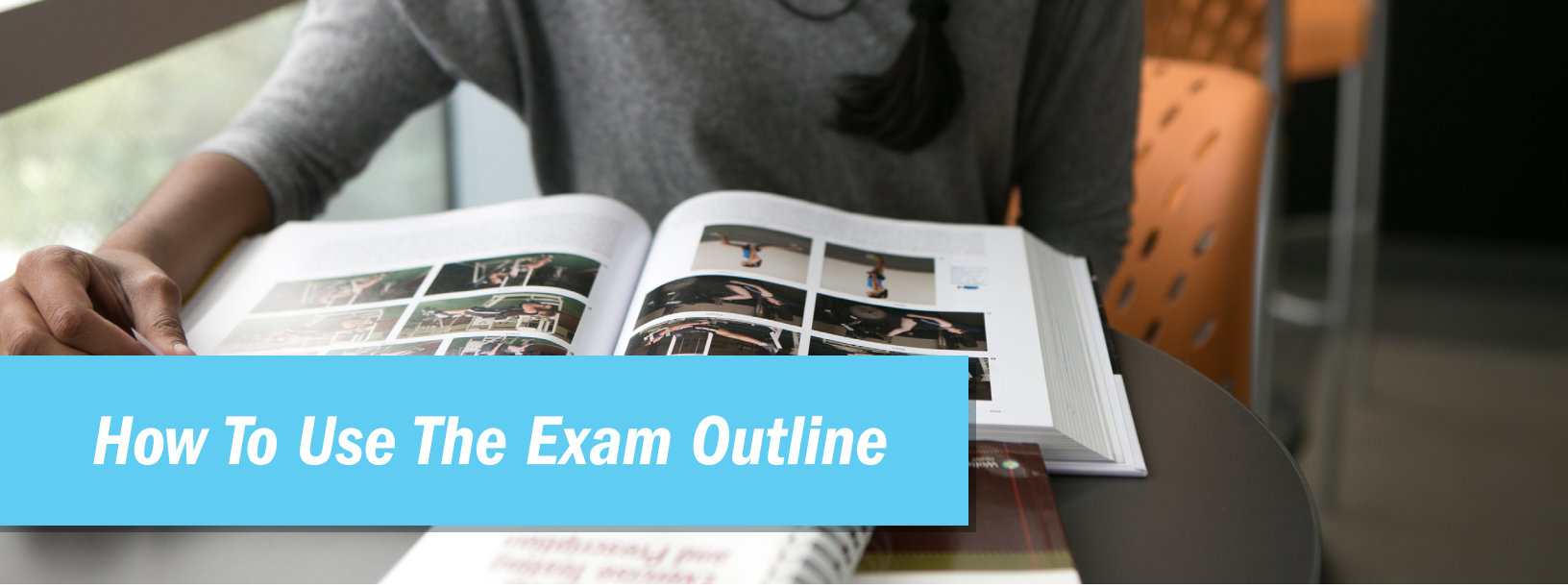
acsm
CERTIFICATION

ACSM Certified Clinical Exercise Physiologist®

Exam Content Outline



How To Use The Exam Outline

This exam content outline is based on a Job Task Analysis (JTA) for the ACSM Certified Clinical Exercise Physiologist® (CEP). The JTA describes what an ACSM CEP does on a day-to-day basis and is divided into five domains and associated tasks performed on the job. As you prepare for your exam, it is important to remember that all exam questions are based on these domains—making it a perfect addition to your preparation materials! In fact, when you receive your test scores, your performance in each domain is scored individually so you can see exactly where you excelled and/or where you may need additional preparation. Using this in combination with other optional study materials will ensure you are ready for exam day.

Performance Domains & Associated Job Tasks for ACSM CEPs

The percentages listed below indicate the number of questions representing each domain on the 100-question CEP exam.

Domain	Domain Title	Percentage of Questions
Domain I	Patient/Client Assessment	30%
Domain II	Exercise Prescription	30%
Domain III	Program Implementation and Ongoing Support	20%
Domain IV	Leadership and Counseling	15%
Domain V	Legal and Professional Considerations	5%

Domain I: Patient/Client Assessment

A. Determine and obtain the necessary physician referral and medical records to assess the potential participant.	
Knowledge of:	• the procedure to obtain informed consent from participant to meet legal requirements. • information and documentation required for program participation. • the procedure to obtain physician referral and medical records required for program participation. • the procedure to obtain participant's medical history through available documentation.
Skill in:	• assessing participant physician referral and medical records to determine program participation status.
B. Perform a preparticipation health screening including review of the participant's medical history and knowledge, their needs and goals, the program's potential benefits and additional required testing and data.	
Knowledge of:	• normal cardiovascular, pulmonary and metabolic anatomy and physiology. • cardiovascular, pulmonary and metabolic pathologies, clinical progression, diagnostic testing and medical regimens/procedures. • instructional techniques to assess participant's expectations and goals. • commonly used medication for cardiovascular, pulmonary and metabolic diseases. • the effects of physical inactivity, including bed rest, and methods to counteract these changes. • normal physiologic responses to exercise. • abnormal responses/signs/symptoms to exercise associated with different pathologies (e.g., cardiovascular, pulmonary, metabolic). • anthropometric measurements and their interpretation. • normal 12-lead and telemetry ECG interpretation. • interpretation of ECGs for abnormalities (e.g., arrhythmias, blocks, ischemia, infarction). • normal and abnormal heart and lung sounds. • pertinent areas of a participant's medical history (e.g., any symptoms since their procedure, description of discomfort/pain, orthopedic issues). • validated tools for measurement of psychosocial health status. • a variety of behavioral assessment tools (e.g., SF-36, health-related quality of life, Chronic Respiratory Disease Questionnaire) and strategies for their use. • psychological issues associated with acute and chronic illness (e.g., anxiety, depression, suicidal ideation). • participant-centered goal setting. • functional and diagnostic exercise testing methods, including symptom-limited maximal and submaximal aerobic testing. • indications and contraindications to exercise testing. • normal and abnormal (i.e., signs/symptoms) endpoints for termination of exercise testing. • testing and interpretation of muscle strength/endurance and flexibility. • current published guidelines for treatment of cardiovascular, pulmonary and metabolic pathologies (e.g., ACC/AHA (American College of Cardiology/American Heart Association) Joint Guidelines, GOLD - Global Initiative for Chronic Obstructive Pulmonary Disease, ADA (American Diabetes Association) guidelines).

Skill in:	• auscultation methods for common cardiopulmonary abnormalities. • data collection during baseline intake assessment. • assessment and interpretation of information collected during the baseline intake assessment. • formulating an exercise program based upon the information collected during the baseline intake assessment. • selection, application and monitoring of exercise testing for healthy and patient populations. • muscle strength, endurance and flexibility assessments for healthy and patient populations. • patient preparation and ECG electrode application for resting and exercise ECGs.
C. Evaluate the participant's risk to ensure safe participation and determine level of monitoring/supervision in a preventive or rehabilitative exercise program.	
Knowledge of:	• applied exercise physiology principles. • cardiovascular, pulmonary and metabolic pathologies, their clinical progression, diagnostic testing and medical regimens/procedures to treat. • ACSM's pre-participation screening algorithm. • the participant's risk factor profile (i.e., cardiovascular, pulmonary and metabolic) to determine level of exercise supervision using ACSM, AHA, and AACVPR (American Association of Cardiovascular and Pulmonary Rehabilitation) risk stratification criteria. • indications and contraindications to exercise testing. • functional and diagnostic exercise testing methods, including symptom-limited maximal and submaximal aerobic testing. • interpretation of ECGs for abnormalities (e.g., arrhythmias, blocks, ischemia, infarction). • normal and abnormal (i.e., signs/symptoms) endpoints for termination of exercise testing. • testing and interpretation of muscle strength/endurance and flexibility. • commonly used medication for cardiovascular, pulmonary and metabolic diseases. • current published guidelines for treatment of cardiovascular, pulmonary and metabolic pathologies (e.g., ACC/AHA Joint Guidelines, GOLD - Global Initiative for Chronic Obstructive Pulmonary Disease, ADA guidelines).
Skill in:	• risk stratification using established guidelines (ACSM, AHA vs. informal). • selection, application and monitoring of exercise tests for apparently healthy participants and those with chronic disease. • ECG interpretation and interpreting exercise test results.

Domain II: Exercise Prescription

A. Develop a clinically appropriate exercise prescription using all available information (e.g., clinical and physiological status, goals and behavioral assessment).	
Knowledge of:	• applied exercise physiology principles. • the FITT (Frequency, Intensity, Time, Type) principle for aerobic, muscular fitness /resistance training and flexibility exercise prescription. • cardiovascular, pulmonary and metabolic pathologies, their clinical progression, diagnostic testing and medical regimens/procedures to treat. • the effects of physical inactivity, including bed rest, and methods to counteract these changes. • normal physiologic responses to exercise. • abnormal responses/signs/symptoms to exercise associated with different • pathologies (e.g., cardiovascular, pulmonary, metabolic). • validated tools of measurement of psychosocial health status. • functional and diagnostic exercise testing methods, including symptom-limited maximal and submaximal aerobic testing. • normal and abnormal (i.e., signs/symptoms) endpoints for termination of exercise testing. • tests to assess and interpret muscle strength/endurance and flexibility. • commonly used medication for cardiovascular, pulmonary and metabolic diseases, and their effect on exercise prescription. • exercise principles (prescription, progression/maintenance and supervision) for apparently healthy participants and participants with cardiovascular, pulmonary, and/or metabolic diseases. • appropriate mode, volume and intensity of exercise to produce desired outcomes for apparently healthy participants and those with cardiovascular, pulmonary and metabolic diseases. • the application of metabolic calculations. • goal development strategies. • behavioral assessment tools (e.g., SF-36, health-related quality of life, Chronic Respiratory Disease Questionnaire) and strategies for use. • psychological issues associated with acute and chronic illness (e.g., anxiety, depression, social isolation).
Skill in:	• interpretation of functional and diagnostic exercise testing with applications to exercise prescription. • interpretation of muscular strength/endurance testing with applications to exercise prescription. • developing an exercise prescription based on a participant's clinical status.
B. Review the exercise prescription and exercise program with the participant, including home exercise, compliance and participant's expectations and goals	
Knowledge of:	• applied exercise physiology principles. • normal physiologic responses to exercise. • abnormal responses/signs/symptoms to exercise associated with different pathologies (e.g., cardiovascular, pulmonary, metabolic). • anthropometric measurements and their interpretation.

Knowledge of (continued):	• participant-centered goal setting. • exercise principles (prescription, progression/maintenance and supervision) for apparently healthy participants and participants with cardiovascular, pulmonary, and/or metabolic diseases. • the FITT (Frequency, Intensity, Time, Type) principle for aerobic, muscular fitness /resistance training and flexibility exercise prescription. • appropriate mode, volume and intensity of exercise to produce desired outcomes for apparently healthy participants and those with cardiovascular, pulmonary and metabolic diseases. • the application of metabolic calculations. • goal development strategies. • terminology appropriate to provide the client with education regarding their exercise prescription. • instructional techniques for safe and effective prescription implementation and understanding by participant. • the timing of daily activities with exercise (e.g., medications, meals, insulin/glucose monitoring). • disease-specific strategies and tools to improve tolerance of exercise (e.g., breathing techniques, insulin pump use and adjustments, prophylactic nitroglycerin). • instructional strategies for improving exercise adoption and maintenance. • common barriers to exercise compliance and strategies to address these (e.g., physical, psychological, environmental, demographic). • instructional techniques to assess participant's expectations and goals. • risk factor reduction programs and alternative community resources (e.g., dietary counseling, weight management/Weight Watchers®, smoking cessation, stress management, physical therapy/back care).
Skill in:	• communicating with participants from a wide variety of educational backgrounds. • effectively communicating exercise prescription and exercise techniques. • applying various models to optimize patient compliance and adherence in order to achieve patient goals.
C. Instruct the participant in the safe & effective use of exercise modalities, exercise plan, reporting symptoms and class organization.	
Knowledge of:	• applied exercise physiology principles. • normal physiologic responses to exercise. • abnormal responses/signs/symptoms to exercise associated with different pathologies (e.g., cardiovascular, pulmonary, metabolic). • the timing of daily activities with exercise (e.g., medications, meals, insulin/glucose monitoring). • commonly used medication for cardiovascular, pulmonary and metabolic diseases. • lay terminology for explanation of exercise prescription. • the operation of various exercise equipment/modalities. • proper biomechanical technique for exercise (e.g., gait assessment, proper weight lifting form). • muscle strength/endurance and flexibility modalities and their safe application and instruction. • tools to measure exercise tolerance (heart rate/pulse, blood pressure, glucometry, oximetry, rating of perceived exertion, dyspnea scale, pain scale). • principals and application of exercise session organization.
Skill in:	• the observational assessment of participants. • communicating with participants from a wide variety of educational backgrounds. • communicating with participants regarding the proper organization of exercise sessions.

Domain III: Program Implementation and Ongoing Support

A. Implement the program (e.g., exercise prescription, education, counseling, goals).	
Knowledge of:	• abnormal responses/signs/symptoms to exercise associated with different • pathologies (i.e., cardiovascular, pulmonary, metabolic). • normal and abnormal 12-lead and telemetry ECG interpretation. • the FITT principle (Frequency, Intensity, Time, Type) for aerobic, muscular fitness /resistance training and flexibility exercise prescription. • exercise progression/maintenance and supervision for apparently healthy participants and participants with cardiovascular, pulmonary, and/or metabolic diseases. • disease-specific strategies and tools to improve tolerance of exercise (e.g., breathing techniques, insulin pump use and adjustments, prophylactic nitroglycerin). • instructional strategies for improving exercise adoption and maintenance. • strategies to maximize exercise compliance (e.g., overcoming barriers, values clarification, goals setting). • the operation of various exercise equipment/modalities. • proper biomechanical technique for exercise (e.g., gait, weight lifting form). • tools to measure clinical exercise tolerance (e.g., heart rate, glucometry, oximetry, subjective assessments). • the principles and application of exercise session organization. • commonly used medications for cardiovascular, pulmonary and metabolic diseases. • exercise program monitoring (e.g., telemetry, oximetry, glucometry). • principles and application of muscular strength/endurance and flexibility training. • methods to assess participant's educational goals. • counseling techniques to optimize participant's disease management, risk reduction and goal attainment.
Skill in:	• educating participants on the use and effects of medications. • the application of metabolic calculations. • communicating the exercise prescription and related exercise programming techniques. • observation of clients for problems associated with comprehension and performance of their exercise program. • muscular strength/endurance and flexibility training.
B. Continually assess participant feedback, clinical signs and symptoms and exercise tolerance and provide feedback to the participant about their exercise, general program participation and clinical progress.	
Knowledge of:	• cardiovascular, pulmonary and metabolic pathologies, their clinical progression, diagnostic testing and medical regimens/procedures to treat. • normal and abnormal exercise responses, signs and symptoms associated with different pathologies (i.e., cardiovascular, pulmonary, metabolic). • normal and abnormal 12-lead and telemetry ECG interpretation. • normal and abnormal heart and lung sounds.

Knowledge of (continued):	• the components of a participant's medical history necessary to screen during program participation. • appropriate mode, volume and intensity of exercise to produce desired outcomes for apparently healthy participants and those with cardiovascular, pulmonary and metabolic diseases. • psychological issues associated with acute and chronic illness (e.g., depression, social isolation, suicidal ideation). • the timing of daily activities with exercise (e.g., medications, meals, insulin/glucose monitoring). • how medications or missed dose(s) of medications impact exercise and its progression. • methods to provide participant feedback relative to their exercise, general program participation and clinical progress.
Skill in:	• auscultation methods for common cardiovascular and pulmonary abnormalities. • the assessment of normal and abnormal response to exercise. • adjusting the exercise program based on participant's signs and symptoms, feedback and exercise response. • communicating exercise techniques, program goals and clinical monitoring and progress. • applying and interpreting tools for clinical assessment (e.g., telemetry, oximetry and glucometry, perceived rating scales).
C. Reassess and update the program (e.g., exercise, education and client goals) based upon the participant's progress and feedback.	
Knowledge of:	• techniques to determine participant's medical history through available documentation. • normal physiologic responses to exercise. • abnormal responses/signs/symptoms to exercise associated with different • pathologies (e.g., cardiovascular, pulmonary, metabolic). • participant's educational and behavioral goals and methods to obtain them. • counseling techniques focusing on participant goal attainment. • exercise progression/maintenance and supervision for apparently healthy participants and participants with cardiovascular, pulmonary, and/or metabolic diseases. • appropriate mode, volume and intensity of exercise to produce desired outcomes for apparently healthy participants and those with cardiovascular, pulmonary and metabolic diseases. • strategies to maximize exercise compliance (e.g., overcoming barriers, values clarification, goals setting). • risk factor reduction programs and alternative community resources (e.g., dietary counseling/Weight Watchers®, smoking cessation, physical therapy/back care). • proper biomechanical technique for exercise (e.g., gait, weight lifting form). • clinical monitoring of the exercise program (e.g., telemetry, oximetry and glucometry, adjusting exercise intensity). • commonly used medication for cardiovascular, pulmonary and metabolic diseases. • the application and instruction of muscle strength/endurance and flexibility modalities. • modification of the exercise prescription for clinical changes and attainment of participant's goals. • community resources available to the participant following discharge from the program.
Skill in:	• modifying the exercise program based on participant's signs and symptoms, feedback and exercise responses. • utilizing metabolic calculations and clinical data to adjust the exercise prescription. • observation of participant for problems associated with comprehension and performance of their exercise program.

Skill in (continued):	• communicating exercise techniques, program goals and clinical monitoring and progress. • applying and interpreting tools for clinical assessment (e.g., telemetry, oximetry and glucometry, perceived rating scales).
D. Maintain participant records to document progress and clinical status.	
Knowledge of:	• participant's medical history through available documentation. • cardiovascular, pulmonary and metabolic pathologies, diagnostic testing and medical management regimens and procedures. • commonly used medication for cardiovascular, pulmonary and metabolic diseases. • HIPAA (Health Insurance Portability and Accountability Act) regulations relative to documentation. • medical documentation (e.g., progress notes, SOAP notes).
Skill in:	• applying knowledge of medical documentation and regulations. • summarizing participants' exercise sessions, outcomes and clinical issues into an appropriate medical record.

Domain IV: Leadership & Counseling

A. Educate the participant about performance and progression of aerobic, strength and flexibility exercise programs.	
Knowledge of:	• physiological responses, signs, and symptoms to exercise associated with different pathologies (i.e., cardiovascular, pulmonary, metabolic). • exercise (as written above) principles (prescription, progression/maintenance and supervision) for apparently healthy participants and participants with cardiovascular, pulmonary, and/or metabolic diseases. • exercise progression, maintenance and supervision for apparently healthy participants and participants with cardiovascular, pulmonary, and/or metabolic diseases. • tools for measuring clinical exercise tolerance (e.g., heart rate, glucometry, subjective rating scales). • the application and instruction of muscle strength/endurance and flexibility modalities. • exercise modalities and the operation of associated equipment. • proper biomechanical techniques (e.g., gait assessment, resistance training form). • methods to educate participant in proper exercise programming and progression. • the timing of daily activities with exercise (e.g., medications, meals, insulin/ glucose monitoring). • disease-specific strategies and tools to improve exercise tolerance (e.g., breathing techniques, insulin pump use, prophylactic nitroglycerin). • behavioral strategies for improving exercise adoption and maintenance. • barriers to exercise compliance and associated strategies (e.g., physical, psychological, environmental).
Skill in:	• communication of exercise techniques, prescription and progression. • the assessment of participant symptoms, biomechanics and exercise effort.
B. Provide disease management and risk factor reduction education based on the participant's medical history, needs and goals.	
Knowledge of:	• education program development based on participant's medical history, needs and goals. • methods to educate participant in risk factor reduction. • published national standards on risk factors for cardiovascular, pulmonary and metabolic disease. • risk factor reduction programs and alternative community resources (e.g., dietary counseling/Weight Watchers®, smoking cessation, physical therapy/back care). • strategies to improve participant compliance to risk factor reduction. • goal development strategies. • counseling techniques. • validated tools for measurement of psychosocial health status (e.g., SF-36, straittrait anxiety, Beck depression). • psychological issues associated with acute and chronic illness (e.g., anxiety, depression, social isolation, suicidal ideation). • outcome evaluation methods (e.g., AACVPR outcomes model).
Skill in:	• communicating with participants from a wide variety of backgrounds. • selection of participant outcome parameters.

C. Create a positive environment for participant adherence and outcomes by incorporating effective motivational skills, communication techniques and behavioral strategies.	
Knowledge of:	• current behavior facilitation theories (e.g., health-belief model, transtheoretical model). • behavioral strategies and coaching methods for improving exercise adoption and maintenance. • communication strategies that foster a positive environment. • methods to educate participant in motivational skills and behavioral strategies. • barriers to exercise compliance (e.g., physical, psychological, environmental). • community resources available for participant use following discharge from the program.
D. Collaborate and consult with health care professionals to address clinical issues and provide referrals to optimize participant outcomes.	
Knowledge of:	• cardiovascular, pulmonary and metabolic pathologies, clinical progression, diagnostic testing, medical regimens and treatment procedures. • techniques to determine participant's medical history through available documentation. • commonly used medication for cardiovascular, pulmonary and metabolic diseases. • tools for measuring clinical exercise tolerance (e.g., heart rate, glucometry, subjective rating scales). • risk factor reduction programs and alternative community resources (e.g., dietary counseling/Weight Watchers®, smoking cessation, physical therapy/back care). • psychological issues associated with acute and chronic illness (e.g., anxiety, depression, suicidal ideation). • assessment tools to measure psychosocial health status. • accepted methods of referral. • community resources available for participant use following program discharge.
Skill in:	• collaborative decision making. • interpretation of psychosocial assessment tools.

Domain V: Legal and Professional Considerations

A. Evaluate the exercise environment to minimize risk and optimize safety by following routine inspection procedures based on established facility and industry standards and guidelines.	
Knowledge of:	• government and industry standards and guidelines (e.g., AACVPR, HIPAA, OHSA (Occupational Health and Safety Administration). • the operation, calibration and maintenance of exercise equipment.
B. Perform regular inspections of emergency equipment and practice emergency procedures (e.g., crash cart, advanced cardiac life support procedures, activation of emergency medical system).	
Knowledge of:	• standards of practice during emergency situations (e.g., American Heart Association). • local and institutional procedures for activation of the emergency medical system. • standards for inspection of emergency medical equipment.
Skill in:	• the application of basic life support procedures and external defibrillator use.
C. Promote awareness and accountability and minimize risk by informing participants of safety procedures, self-monitoring of exercise and related symptoms	
Knowledge of:	• signs and symptoms of exercise intolerance. • the timing of daily activities with exercise (e.g., medications, meals, insulin/glucose monitoring). • commonly used medications for cardiovascular, pulmonary and metabolic diseases. • communication techniques to ensure safety in participant's self-monitoring and symptom management. • contraindicated and higher risk exercises, and proper exercise form to minimize risk.
Skill in:	• the instruction and modification of exercises to minimize risk of injury.
D. Comply with Health Insurance Portability and Accountability Act (HIPAA) laws and industryaccepted professional, ethical and business standards in order to maintain confidentiality, optimize safety, and reduce liability.	
Knowledge of:	• HIPAA regulations relative to documentation and protecting patient privacy (e.g., written and electronic medical records). • the use and limitations of informed consent. • advanced directives and implications for rehabilitation programs. • professional responsibilities and their implications related to liability and negligence.
E. Promote a positive image of the program by engaging in healthy lifestyle practices.	
Knowledge of:	• common sources of health information, education and promotion techniques.

Skill in:	• the practice and demonstration of a healthy lifestyle.
F. Select and participate in continuing education programs that enhance knowledge and skills on a continuing basis, maximize effectiveness and increase professionalism in the field.	
Knowledge of:	• continuing education opportunities as required for maintenance of professional credentials. • total quality management (TQM) and continuous quality improvement (CQI) concepts and application to personal professional growth.

Additional Study Tips & Resources

No matter how you prefer to study, ACSM Certification has the test prep selection for you—from textbooks and adaptive practice exams to workshops and webinars. Optional preparation materials are below—visit our **website** to learn more about each one!

Textbooks/eBooks

For the ACSM GEI candidate, we offer three suggested books to provide comprehensive knowledge of your subject. Our books are also available digitally – so you can study anytime, anywhere. And – be sure to check out our book bundles, and save if you plan to purchase multiple titles.

Workshops

Want a practical, hands-on experience that allows you to actively put your knowledge to the test in a health fitness-focused atmosphere? Learn from experienced, ACSM certified experts at our one, two, and three-day in-person workshops. Available every month all across the country – find a location near you that works best with your study schedule.

Webinars

Prefer a weekly class format to keep your education on track? Our exam prep webinars are a convenient, easy to access six-week series. And, you can sign up for a single session, multiple, or the complete series. Participants also have access to their webinar presentations for six months afterwards, so you can review and refresh your knowledge before your exam date.

5 Steps For Passing Your ACSM CEP Exam

1

Pick a test date that gives you plenty of time to prepare.

We recommend 3 to 6 months in advance. But keep in mind: because our candidates' current education and study habits vary it matters less how many months you spend, but how much time you invest in studying.

2

Purchase recommended textbooks.

Although not required, we strongly encourage all candidates to use our textbooks to prepare. Visit acsmcertification.org to make sure you are studying the correct edition.

3

Review the content outline.

Every question on the exam is associated with one of the knowledge or skill statements that can be found in the Exam Content Outline. You'll also find the percentage of questions within each domain of the exam.

4

Schedule or apply for your exam at www.pearsonvue.com/acsm.

When you schedule your exam, you should have a general idea of how much time you still need to study. Don't worry if you need to reschedule, you can do so up to 24 hours in advance of your exam time at no charge.

Note: RCEP candidates will need to apply and be approved before scheduling your exam.

5

Participate in a workshop or webinar.

Test your knowledge in a new setting – sign-up for an in-person workshop, or participate in a live webinar. Enhance your knowledge by participating: ask questions and get answers from industry experts.

Scheduling Your Exam with Pearson Vue

Now that you have a study plan in place, you can schedule your exam date! ACSM partners with Pearson Vue to ensure that you can take your exam at a time and location convenient to you. To do this, you'll visit Pearson Vue's website, find the option to create an account (unless you already have one) and then select your test date and location.

For questions directly related to your exam scheduling, please call Pearson VUE at ***888-883-2276****.*

Frequently Asked Questions

How are the exams scored?

The passing score for all ACSM Certification exams is set in advance and applied to all candidates' exam results. Similar to exam scoring for a wide variety of other high stakes, national standardized exams (e.g., GRE, SAT, GMAT, etc.), ACSM Certification exams are reported in a 200-800 score scale.

Specifically, all candidates are expected to meet the passing standard of a scaled score of 550 in order to receive a "Pass" on any respective ACSM certification exam. This passing standard is based upon the expectations of the subject matter experts/test developers across all topics of the competency areas, as related to each respective credential's examination blueprint. Passing candidates are expected to answer a sufficient number of test questions correctly that demonstrates a summative amount of knowledge at a level of at least minimal competency or the lowest acceptable score to pass the exam.

Finally, each content area is weighted proportionally, based on the results of a periodic comprehensive job task analysis/role delineation study. In other words, some content areas are more important (thus, have more questions) and count more with respect to the overall score than other content areas. On the score report, candidates will receive their overall score, their pass/fail status, as well as a breakdown by each specific content area.

When will I get my results?

You will receive your exam results immediately upon completion of the exam.

What happens if I pass?

Congratulations! Six to eight weeks after a candidate passes an ACSM exam, a welcome package will be sent from ACSM that will include the ACSM certificate and wallet card. Until the welcome package is received by a candidate, all credential status will be PROVISIONAL pending validation of exam results and/or the results of an eligibility audit.

What happens if I don't pass?

It isn't uncommon for ACSM Certified professionals to take a re-test. Re-test candidates will receive a re-test voucher number on the score report from Pearson VUE. Candidates may retake the exam 15 days following the initial exam and every 15 days following.

How do I cancel or reschedule my exam?

Requests to cancel or transfer an ACSM Exam must be made at least one business day in advance of the appointment by calling Pearson VUE at 1-888-889-2276 or at www.pearsonvue.com/acsm. If you do not reschedule or cancel, you will be billed for the exam. Arriving late to the exam (15 minutes past the scheduled start time) will lead to a forfeit of your seat and a charge for the exam.

Things to Know for Exam Day

Identification Requirements

Candidates must provide two forms of proper identification and will not be seated for the exam if the proper ID is not provided. The primary ID must contain a permanently affixed photograph and signature and must be valid (not expired). An ID must be an original document and not a photocopy or a fax. Acceptable primary IDs are listed below. A secondary ID must contain the candidate's signature. Acceptable secondary IDs are listed below. IDs are considered to be valid (non-expired) as long as they do not contain an expiration date that has passed. If there is no expiration date on an ID, it is considered to be valid. The candidate must sign the ID before arriving at the testing center; it is not acceptable for the candidate to sign the ID when checking in.

Testing Environment

Candidates should dress accordingly so that they will be comfortable in wide range of room temperatures. Personal Belongings Candidates are discouraged from bringing any personal belongings to the testing center. These items must be stored in a secure space and are not permitted in the testing room. In general, candidates are not allowed to bring any items into the testing room. The following are examples of items generally not allowed in the testing room:

- Purses
- Wallets
- Coats or jackets
- Hats and head coverings; although religious head coverings such as scarves are permitted
- Briefcases
- Cell phones
- Backpacks
- Watches
- Calculators
- Pens and pencils belonging to the candidate
- Dictionaries, including language translation dictionaries
- Food, drinks or tobacco
- Notes, notebooks and study guides

Comfort Aids Certain items defined as "minor comfort aids" may be allowed in the testing room as long as the item is checked by the test center administrator before they are brought into the testing room including: tissues, cough drops, pillow for supporting neck, back or injured limb, sweater or sweatshirt, eyeglasses and hearing aids, earplugs, neck braces or collars (worn by people with neck injuries). A candidate must provide his or her own comfort aids. These are not considered to be accommodations and therefore do not need to be pre-approved by Pearson Vue or ACSM. Eyedrops, water bottles, asthma inhalers, diabetic testing equipment and other medical devices are not allowed in the testing room unless the candidate has been granted an accommodation for the item in advance. Candidates should follow the accommodations policy for consideration of a comfort aid. If you require special accommodations, please request a special accommodations form, e-mail certification@acsm.org.

Approved Exam Supplies

The candidate will be provided with an erasable noteboard and erasable pen, or blank notepaper. Scratch paper of any kind is never permitted in the testing room. Candidates are not allowed to use their own paper or notebooks, and notepads of any kind are not allowed.

Candidates are not permitted to bring their own writing instruments into the testing room. The testing center must provide any pens or pencils that are required for an exam. Candidates are not permitted to write on the erasable noteboards or notepaper until after the exam has been started.

A standard calculator will be provided within the exam.

Need Assistance? Let Us Know.

ACSM is proud to be the Gold Standard in Health Fitness Certifications and we look forward to having you join our team! Please don't hesitate to reach out should you have any questions along the way.

Contact Us:

For general ACSM Certification questions: **800-486-5643** / **certification@acsm.org**

To schedule your exam with Pearson VUE: **888-883-2276** / **www.pearsonvue.com/acsm**

Important Web Links:

Information on the ACSM Certified Clinical Exercise Physiologist®: http://certification.acsm.org/acsm-certified-clinical-exercise-physiologist

Exam Preparation Resources: http://certification.acsm.org/exam-preparation

Scheduling Your Exam: http://www.pearsonvue.com/acsm/

Additional FAQs: http://certification.acsm.org/faqs