

**Certificate of Training**  
For  
New Mexico National Guard  
Physical Training Program

CHECK ONE:

\_\_\_\_\_ It is my desire to participate in the New Mexico National Guard Physical Fitness Program. Age: \_\_\_\_

\_\_\_\_\_ This is to certify that I am currently in a training program and understand that the provision of AR 40-501 and ANGI 40-501 permit me to maintain my current level of exercise until I undergo the medical screening prescribed for members who are 40 years of age or older.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Name (Type or Print)

\_\_\_\_\_  
Employee's Name (Type or Print)

\_\_\_\_\_  
Supervisor's Duty Section

\_\_\_\_\_  
Employee's Duty Section

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

I wish to participate in the following fitness activity(s):

\_\_\_\_\_  
\_\_\_\_\_

Location (Specify exact location where activity will be performed, i.e. base gym, armory, **route** where running, rapid walking or bicycling will take place, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Days and times training will be performed:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_