



## Medical Exercise Training Institute

Managing Medical Conditions with Exercise

22136 Westheimer Pkwy #349 | Katy, TX 77450

1.888.610.0923 | [www.PostRehab.com](http://www.PostRehab.com)

All Medical Exercise Specialists (MES), Post Rehab Conditioning Specialists (PRCS) and Medical Exercise Program Directors (MEPD) must renew their METI certifications every two (2) years. Certification renewal requires completion of 5 hours of either observation hours or medical exercise/post rehab related course work.

If you completed the MES, PRCS or MEPD prior to 2012 you must complete the Medical Exercise Foundations course. If you completed your certification after 2012, you completed the Medical Exercise Foundations as part of the Medical Exercise Specialist Training series. If you completed the MES, PRCS or MEPD after 2012 you may use either of or a combination of the options below:

1. Option 1: Complete 5 observation hours in a sports medicine, physical therapy, chiropractic, rehabilitation center, athletic training, or massage therapy facility under the supervision of a licensed medical professional (RPT, DC, RN, RD, ATC, PA, MD, DO, or OTR). Please use the observation hours form to document your hours. Please have the supervising medical professional sign off on the hours you complete.
2. Option 2: Complete 5 hours of medical exercise or post rehab related workshops taught by a licensed physical therapist (RPT), occupational therapist (OTR), physician (MD or DO), chiropractor (DC), registered nurse (RN), massage therapist (LMT), athletic trainer (ATC), physician's assistant (PA-C) or dietitian (RD). You must provide a certificate of completion for each course.
3. You use a combination of observation hours and medical exercise/post rehab related course work to fulfill a total of 5 hours for certification renewal.

Please submit payment your certificate renewal fee of \$50 using the link on the renewal page. Please scan/photograph each page of the renewal form. Submit the forms via email or the renewal page. If you have any questions regarding your renewal please call 1.888.610.0923 or email [support@postrehab.com](mailto:support@postrehab.com).





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**Observation Hours Completion: Please have supervising practitioner verify all hours.**

Date	Clinic Name	Practitioner's Name	Time In - Out	Total Hours	Practitioner's Initials

**Medical Exercise Professional:**

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Print Signature Date

**Supervising Medical Professional:**

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Print Signature Date

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