



BCRPA Weight Training Module ICE Re-Registration

Form A

CANDIDATE INFORMATION: Please print clearly. You can access your Fitness Leader account at www.thefitnessregistry.com

First Name:	Last Name:	BCRPA Leader ID:
Current Email Address in The Registry®		
Current First Aid in The Registry®	Attached? Yes / NO	In The Registry®? Yes / NO
Current CPR in The Registry®	Attached? Yes / NO	In The Registry®? Yes / NO
Is this your first BCRPA Module?	If yes, please provide your Fitness Theory Registration Date:	
BCRPA Weight Training Course Completion Certificate	Attached? Yes / NO	In The Registry®? Yes / NO

Instructor Competency Evaluation (ICE) Procedure:

1. Before you contact an Evaluator:

- Refer to the back of **Form D parts C & D** for the components of the evaluation and to determine how you will be marked.
- Complete five (5) programs using **Form C-2**. To do this you will select any three scenarios from **Form E**
- Obtain permission from a local fitness facility to use it for your ICE evaluation.
- Arrange to have a friend act as a “client” for the evaluation.

2. Contact an Evaluator: When you are ready for your evaluation, please refer to the list of current evaluators found on this webpage as a downloadable PDF: <https://www.bcrpa.bc.ca/fitness/become-groupfitness/#Step6>. Ensure your evaluator is currently registered – check their registration status on The Registry® of Fitness Professionals. You may then contact one directly to make arrangements for your evaluation. The evaluator will discuss the ICE procedure and how to submit your form B2 for marking. The evaluator will also discuss the date, time and location of the ICE as well as any fees they may charge you to conduct the ICE evaluation.

Please check and make sure that your BCRPA ICE PACKAGE for Expired Fitness Leaders contains the following:

Form A: ICE Registration Cover Letter

Form D: ICE Practical Evaluation - double-sided page

Form C-2: Program Design

Form E: ICE Program Scenarios

Your evaluator will email BCRPA a confirmation once you have completed and passed the ICE.

PLEASE ALLOW 5 - 10 BUSINESS DAYS FOR PROCESSING upon received confirmation from ICE evaluator. Please check The Registry® of Fitness Professionals for registration status in the specialty. BCRPA will not notify Fitness Leaders regarding the status of the ICE package.

Date of ICE: _____



BCRPA Weight Training Module ICE Program Design Example

Form C-2

Program designs must be completed after successful completion of the Weight Training Specialty Module Course. **Make five copies of this form.** Complete programs for three scenarios and two real participants (see Form E). Provide your evaluator with these completed forms prior to your practical evaluation. A complete program card must be attached to each program design.

ICE Candidate Name:	Date:
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Please Circle Appropriate Box

Program:	1. Scenario #:	2. Scenario #:	3. Scenario #:	4. Real Participant	5. Real Participant
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A. Participant History/Assessment

Name:	Pre-Exercise Heart rate:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Age:
Occupation:	Occupation Activity Level:	Current/Past Physical Activity Level:	
Participant Goals/Concerns:			
Barriers to Participation:			
Completed ParQ/Lifestyle Questionnaire Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>			Clearance Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical/Physical Concerns Affecting Participation:			
Participant Availability (Days of Week, Time of Day, Duration of Each Session):			
List Other Assessment Methods Used:			Consultation Time Spent with Participant:

B. General Warm-Up Component

Aerobic Activity	ROM/Stretching	Joints Involved in ROM/Stretches
1. Type	1. Type: Passive/Active, Dynamic/Static	
2. Intensity (% and beats per minute range)	2. # of ROM Movements/Stretches	
3. Duration	3. Duration of Each ROM/Stretch	

Participant Warm-up Duration: _____

Instructional Time: _____

C. Aerobic Component

Aerobic Activity
Before/after weights? On alternate days?
Days per week:
Training intensity zone/ beats per minute range:
Type of Activity:
Duration of Aerobic Activity:

Post-Aerobic Activity
Type:
Duration:
Final heart-rate:

Participant Aerobic Duration: _____

Instructional Time: _____

D. Weight Training Component

List Exercises In Sequence

List Days per Week:
Goal: Endurance, Hypertrophy, Strength
Training Intensity (% of 1RM): (Warm-Up/Training Load)
Sets/Repetitions Per Exercise:
of Exercises Per Session:

Velocity/Speed of Repetitions:
Duration of Each Set:
Total # Sets per Workout:
Rest Between Sets:
Rest Between Workouts:

Participant Weight Training Duration: _____ Instructional Time: _____
Attached Program Card(s)

E. Flexibility/Stretching Component

List Muscle(s) Stretched

*Describe the stretch or attach pictures

List Days Per Week:
Before/After/Between Workout?
Intensity of Each Stretch:
Duration of Each Stretch:
Of Stretches:

Participant Flexibility/Stretching Duration: _____ Instructional Time: _____

*Describe type (i.e. dynamic, static) and body position (i.e. standing, seated)

F. Post-Workout Consultation

Topics Reviewed/Questions Asked To Assess Participant's Understanding:		
Duration of Program Before Update Required:		
List Additional Resources/Handouts (if any):		
Post-Workout Consultation Duration:	Duration of Total Workout for Participant:	Total Instructional Time:

To Be Completed By ICE Candidate

To Be Completed By ICE Evaluator

Workout Location:	
Instructor Candidate:	
Signature:	

Date of Evaluation:
Evaluator (print):
Signature:

1 Unacceptable 2 Needs Improvement 3 Good 4 Excellent



**BCRPA Weight Training Module
Instructor Competency Evaluation (ICE) Form**

Form D

Candidate Name:	Date of evaluation:	
Address:	City:	Postal Code:
Phone(H):	Phone(W):	

A. ICE QUESTIONNAIRE: Evaluation criteria described on reverse.

A-1. Written Answers Attached: YES NO

A-2. Verbal Assessment of 10 Questions:

Question #: Total: / 2	Question #: Total: / 2	Question #: Total: / 2	Question #: Total: / 2	Question #: Total: / 2
Question #: Total: / 2	Question #: Total: / 2	Question #: Total: / 2	Question #: Total: / 2	Question #: Total: / 2

A. ICE Questionnaire Subtotal ___ / 20

B. PROGRAM DESIGN SCENARIOS: Evaluation criteria described on reverse.

Three scenario program designs, two real program designs attached: YES NO

Program:	1. Scenario #:	2. Scenario #:	3. Scenario #:	4. Real Participant	5. Real Participant
	Total: / 4	Total: / 4	Total: / 4	Total: / 4	Total: / 4

B. Program Design Scenarios Subtotal ___ / 20

C. WARM-UP: Evaluation criteria described on reverse.

1. Demonstrates proper use of equipment. _____ / 4
2. Applies warm-up principles described on questionnaire. _____ / 4
3. Demonstrates appropriate teaching skills. _____ / 4

C. Warm-Up Subtotal ___ / 12

D. PRACTICAL DEMONSTRATION OF EXERCISES AND STRETCHES: Described on reverse.

Evaluation Chart <small>List equipment type below exercise.</small>	Lat Pull-down	Seated Row	Bench/Chest Press	Shoulder Press	Leg Press	Leg Curl	Back Extension	Abdomen/Core	Calf Press	Evaluator Choice
Adjustments: Equipment, Body, Weight										
ROM										
Stabilize Non-involved Joints										
Repetition Speed										
Breathing										
Muscles/Joints										
Points of Concern										
Stretch										
Alternatives										
Teaching Skills										
Total of 10										

D. Practical Demonstration Subtotal ___ / 100

Comments:

A-1. Written Answers	A-2. Verbal Answers	B. Program Designs	C. Warm-Up	D. Exercises/Stretches
/ 244	/ 20	/ 20	/ 12	/ 100
% Pass Y / N	% Pass Y / N	Pass Y / N	% Pass Y / N	% Pass Y / N

Name of Evaluator (print):	Phone/e-mail:
Signature of Evaluator:	Candidate Signature:

Please ensure your entire package is filled out and submit copies only to BCRPA



BCRPA Weight Training Module
Instructor Competency Evaluation (ICE) Form

Form D

A. QUESTIONNAIRE

Written answers must be attached. A passing mark for **each section** of written answers is 75% for BCRPA Fitness Leaders and 85% for Advanced Fitness Leaders. Your ICE evaluator will evaluate your ability to verbally answer some of the questions listed on the questionnaire. Each of the 10 verbal questions is worth two points: 1 point for content (providing the correct answer), and 1 point for delivery (a clear explanation, complete answers with correct anatomical terminology and good voice projection).

B. PROGRAM DESIGN SCENARIOS

Program Designs must have a program card attached. Each Program Design is rated on a total value scale of 1 to 4.

1 – Unacceptable 2 – Needs Improvement 3 – Good 4 – Excellent

C. WARM-UP

Each warm-up component has a maximum value of four (4).

1 – Unacceptable 2 – Needs Improvement 3 – Good 4 – Excellent

D. PRACTICAL EVALUATION OF EXERCISES AND STRETCHES Candidate will be evaluated on the following criteria:

1. **Adjust Equipment/Workload/Body Position:** Adjusts seat height/lever lengths to oppose the line of resistance. Determines the workload.
2. **Range of Motion:** Ensures appropriate and safe range of motion for the joints involved. Consistent ROM through all repetitions.
3. **Stabilization:** Ensures that joints not involved in the exercise, especially those above and below involved joints, are stabilized. Body position is checked.
4. **Velocity:** Teaches appropriate speed of execution for a single repetition.
5. **Breathing:** Avoids holding breath. Ensures inhalation and exhalation during each repetition is appropriate for the exercise and velocity.
6. **Musculoskeletal Knowledge:** Describes muscle(s)/muscle group(s) and joints involved in the exercise.
7. **Points of Concern:** Educates participant on common technique errors for the exercise. Describes how to correct them.
8. **Stretch:** Demonstrates a stretch for each of the prime movers of the exercise.
9. **Alternatives/High Risk:** Offers alternative exercises. Indicates for whom this exercise would be high risk.
10. **Teaching Skills:** Uses appropriate teaching skills for each exercise. (Description below).

TEACHING SKILLS: Practical Demonstration of Warm-Up and Weight Room Exercises

1. **Body Language/Kinesthetic:** Awareness of position that is appropriate for best instruction. Makes eye contact. Observes participant's technique/response. Uses hands-on touch appropriately. Demonstrates good posture, hygiene and attire.
2. **Voice:** Tone, volume, tempo, inflection and projection appropriate for surroundings and participant.
3. **Education/Explanation:** Uses clear, complete instructions. Uses correct anatomical terminology, plus general terms. Questions participant for feedback and adjusts exercise accordingly.
4. **Concise:** Avoids information overload. Uses a step-by-step approach. Integrates education and instruction into exercise activity times. Instruction of each exercise, with 8-15 repetitions, takes approximately two minutes.

A STEP-BY-STEP APPROACH

1. **Demonstrate:** While informing participant of general area(s) involved (i.e. "top of thighs"), demonstrate how to get on the machine and perform 2-3 repetitions so the action can be viewed by participant.
2. **Do:** Have the participant adjust the equipment and body alignment to the specifications described. Have the participant execute the repetitions.
3. **Describe (during activity):** Range of motion, velocity, breathing, stabilization of other joints, correct path of resistance. Ask for feedback: Where do you feel it? Is it too easy? Too hard? Adjust resistance and equipment as needed.
4. **Details (during activity):** Describe involved muscles and joints, goal of the exercise, points of concern and safety and appropriate number of repetitions.

BCRPA Weight Training Module ICE Program Scenarios

Form E

The following scenarios have been created for the Weight Training Instructor Competency Evaluation (ICE). They represent typical, everyday situations that could be encountered in a fitness facility. Prior to the evaluation, the candidate must choose three scenarios and complete the Program Design (Form C) for each. A program card must be attached to each program design.

1. Unfit Beginner: Jane is a 36-year-old credit manager. Her work is sedentary. She played sports when younger, occasionally exercises to fitness videos and has done some jogging in the past. But she has not been on a regular fitness program for over one year and is developing intermittent back pain. Her physician has told her it is the result of prolonged poor posture during her working day, along with weak and over-stretched muscles in her upper body. Her doctor has recommended that she start a fitness program. Jane is also interested in losing 14 pounds gained over the last four years. She is available evenings after 6:00 p.m., mornings before 7:45 a.m. and anytime on weekends.

2. Unfit Beginner: Jonathan is a 20-year-old, non-athletic university student. He is very slender and would like to gain 15 to 20 pounds of lean tissue. He is available only twice per week for about one hour each time.

3. Fit Beginner: Ralph, a 31-year-old architect, plays on a men's recreational hockey team twice per week for one hour, seven months of the year. He would like to trim 10 pounds of recently gained weight, tone and shape his entire body, and build strength for hockey. He has not used weights since high school. He is available on Monday, Tuesday and Thursday nights, and Saturday mornings.

4. Fit Beginner: Lara, a 67-year-old retired pharmacist, walks each day for 20 to 30 minutes. She would like to increase muscle endurance in her upper body for when she carries groceries and laundry. She would also like to increase strength and speed in her legs, so she can get across a busy street before the light turns red, and improve her rounded shoulder posture. She has medical clearance. She would like to participate in a fitness program during the day between 9:30 a.m. and noon.

5. Fit Intermediate: Marianne, a 28-year-old mother of two, has been exercising regularly, four days per week at 9:15 a.m., for the last six months. She has lost 20 pounds during this time. Her current program includes a STEP fitness class for one hour, then 15 minutes on the weight room circuit. She would like to lose an additional seven pounds in order to reach her pre-pregnancy weight. She also wishes to improve her posture, increase upper-body strength and tone her abdomen, hips and thighs. She would like to maintain her workout frequency and duration.

6. Fit Intermediate: Harold, a 50-year-old road worker, has been working out for more than 15 years on and off. He has developed considerable strength and size in his chest and back, but feels he needs to develop more strength and flexibility in his lower back and legs. He would like to lose 15 pounds and firm his waistline. He needs assistance developing a balanced program. He is available in the evenings after 5:30 p.m., Monday through Friday.

7. Fit Advanced: Sandra, age 45, has been working out, on and off, for 18 years. During the last five years, she has exercised consistently and her weight has dropped from 162 pounds to 140 pounds. She is currently at 24 per cent body fat. She works out five days per week for almost two hours each time. Each workout is comprised of one hour of cardiovascular training, 30 minutes of a full-body weight room workout focusing on muscle endurance (two sets of 12 exercises) and 20 minutes of stretching. She is bored and is seeking a new challenge and some variety. She would like to reduce her body fat a few percentage points by losing about five pounds. She is available early mornings from 6:00 a.m. to 7:30 a.m., after work in the evenings and weekends.

NOTE: Each scenario is different and will require varied considerations. However, there are some principles and procedures that are standard to every program. For example: ParQ, Health Screening, goal setting, F.I.T.T. principle, warm-up, stretching, method for determining workload and more. Please ensure that your participants' programs address both these standard and more specific considerations.