



# Fitness Practicum Placement Application



## Fitness Facility / Individual Practicum Supervisor Criteria

Facility: \_\_\_\_\_  
 Practicum Supervisor\*: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Email: \_\_\_\_\_

*(\*Registered BCRPA Fitness Instructor who has met the expectations as outlined in the Practicum Guidelines).*

*Please list 2 references for the practicum supervisor\*:*

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_  
 Position: \_\_\_\_\_ Position: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

## List of practicum specialty areas

*Please check all that apply; BCRPA would prefer 1-2 years experience in all specialty areas checked*

<input type="checkbox"/> Ball <input type="checkbox"/> Sculpt / Toning <input type="checkbox"/> High Impact <input type="checkbox"/> Low Impact <input type="checkbox"/> Aquatic fitness <input type="checkbox"/> Deep Water <input type="checkbox"/> Indoor Cycling <input type="checkbox"/> Step <input type="checkbox"/> Weight Training <input type="checkbox"/> Personal Training	<input type="checkbox"/> Kickboxing <input type="checkbox"/> Boot Camp <input type="checkbox"/> Pre/Post Natal <input type="checkbox"/> Core Conditioning <input type="checkbox"/> Yoga <input type="checkbox"/> Pilates <input type="checkbox"/> Other _____ _____ _____
---	---

Is there a fee to the student to participate in your practicum placement? If so, how much? \_\_\_\_\_

Have you read and do you agree to the expectations outlined in the BCRPA Fitness Leader Practicum Guidelines document?

Yes \_\_\_ No \_\_\_

*Please include a copy of your resume and all relevant certifications with your application.*