



BCRPA Weight Training Module ICE Registration Cover Letter

Form A

CANDIDATE INFORMATION: Please print clearly

| | | |
|---------------------------------|---------------------------------|-----------------------|
| <i>Surname</i> | <i>Given Name(s)</i> | <i>Middle Initial</i> |
| <i>Mailing Address (Street)</i> | | |
| <i>City</i> | <i>Province</i> | <i>Postal Code</i> |
| <i>Residence Phone</i> | <i>Cell Phone / Other Phone</i> | <i>EmailAddress</i> |

STEP 1: Pre-requisites

Before enrolling in a BCRPA approved Weight Training course and completing this ICE package, please ensure the following:

- That **you are currently registered as a BCRPA Fitness Leader in** Fitness Theory or in one of the Group Fitness - options (Group Fitness, Aquatic Fitness, Yoga Fitness, Pilates Fitness).
- That you have a current CPR certificate and a current First Aid certificate that is valid for at least 90 days following the completion date of your desired course.

NOTE: If you are ONLY registered in Fitness Theory you MUST complete all of the Weight Training course requirements and submit a fully completed Weight Training ICE Package within **ONE YEAR** of your Fitness Theory registration date.

Step 2: Please check and make sure that your BCRPA ICE PACKAGE contains the following forms:

- | | |
|---|---|
| Form A: ICE Registration Cover Letter | Form E: Program Design Scenarios |
| Form B: Exam Questions - 6 double-sided pages (1-12) | Determining Training Workloads |
| Form C-1: Program Design Example - double-sided page | Scope of Practice |
| Form C-2: Program Design - double-sided page (you'll need to make 5 copies of this form) | ICE Evaluation Questionnaire |
| Form D: ICE Practical Evaluation - double-sided page | List of BCRPA Evaluators |

Step 3: Instructor Competency Evaluation (ICE) Procedure:

1. Before you contact an Evaluator:

- Refer to the back of **Form D** for the components of the evaluation and to determine how you will be marked.
- Complete **Form B** (Exam Questions)
- Complete five (5) programs using **Form C-2**. To do this you will select any three scenarios from **Form E** and then complete two actual programs using two people you select yourself (friends/family members/classmates)
- Obtain permission from a local fitness facility to use it for your ICE evaluation.
- Arrange to have a friend act as "client" for the evaluation.

2. Contact an Evaluator: The List of BCRPA Evaluators you were given is organized by city to help you find an evaluator who is close to your home. The evaluator will discuss the ICE procedure, how to submit your form B and your five form C-2s 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.

SUBMIT PROOF OF BCRPA REGISTRATION REQUIREMENTS: Please ensure that ALL items listed below are enclosed in one envelope

- Weight Course completion certificate (from course conductor)
- Current CPR Certificate: Minimum "CPR - A"
- Current First Aid Certificate: Minimum "Emergency First Aid"
- Completed ICE Forms A, B, C-2, D: Marked by an evaluator with passing marks.

Office Use Only:

Exam Date: _____

Date of ICE: _____

- Mail ALL completed forms to the BCRPA. **PLEASE ALLOW 4 – 6 WEEKS FOR PROCESSING.**
- **Submit copies only. Always keep your originals in case something gets lost in the mail.**