

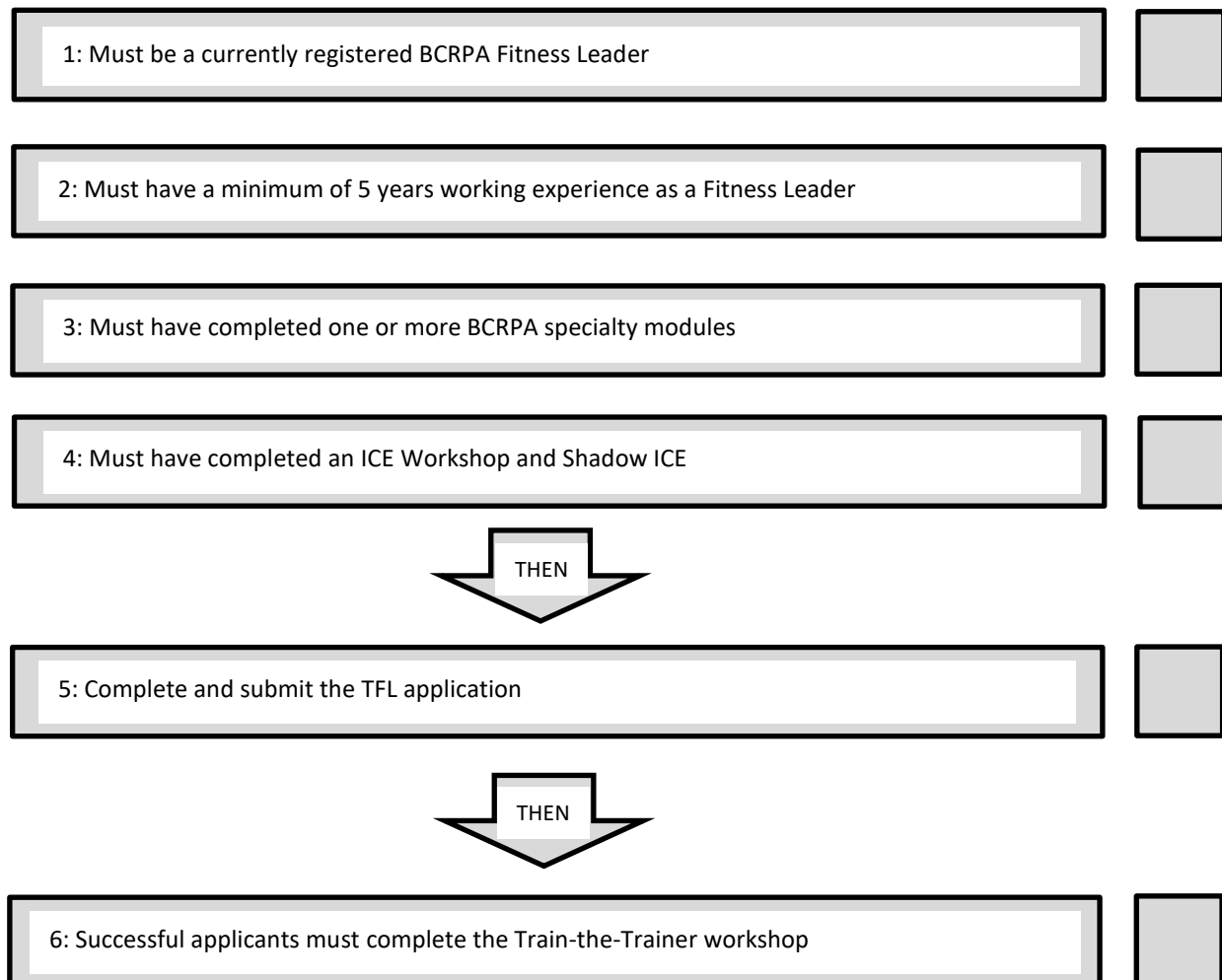
Trainer of Fitness Leaders (TFL) Application



As a Trainer of Fitness Leaders (TFL) you will be able to present workshops and courses in your specialty area(s), grant BCRPA CECs, mentor future TFLs and grant BCRPA specialty module completion status to candidates for BCRPA registration.

Trainer of Fitness Leaders (TFL) applications are reviewed on a revolving on-going basis. The requirements listed below are the minimum requirements to submit a TFL application for evaluation. Please note – that meeting the minimum requirement is not a guarantee of acceptance

TFL Application Requirements





BCRPA Trainer of Fitness Leaders (TFL) Application

1. Applicant Contact Details

First Name: _____
Last Name: _____
Address: _____
City: _____
Province: _____
Postal Code: _____
Phone Number: _____
Email: _____
Website (if applicable): _____
Leader ID: _____
Employer / Facility Name: _____

2. Educational Background

Please indicate the highest level of education completed.

Secondary College (diploma) University Degree Graduate Degree

Other Education Undertaken and Completed: _____



3. Work and Fitness Resume

Please provide the following two resumes, as separate documents, and attach them to this application;

- a. Your Work Resume – this resume is the kind of resume you would submit for employment.
- b. Your Fitness Resume – this resume outlines your experience in the fitness industry by identifying your fitness teaching experience such as; what you taught (course/programs), where you taught, who you taught (adult, seniors, youth, children, disabled etc.), how long you’ve taught etc.. Also, at the end of your resume please identify any teaching experience you have that has occurred outside of the fitness industry – such as school teacher, sport coach, swim instructor, First Aid instructor, group facilitation etc.

4. Specialty Module Selection

- a. Please indicate which specialty module you’re applying to teach (you can select more than one).

- | | |
|--|--|
| <input type="checkbox"/> Weight Training | <input type="checkbox"/> Aquatic Fitness |
| <input type="checkbox"/> Personal Training | <input type="checkbox"/> Group Fitness |
| <input type="checkbox"/> Older Adult Fitness | <input type="checkbox"/> Osteofit |
| <input type="checkbox"/> Pilates Fitness | <input type="checkbox"/> Yoga Fitness |

- b. Please indicate when and where you took your specialty module training.

Specialty Module	Training Date (month / year)	Training Location
Weight Training		
Personal Training		
Older Adult Fitness		
Pilates Fitness		
Aquatic Fitness		
Group Fitness		
Osteofit		
Yoga Fitness		



c. For each of the specialty modules you selected above please indicate when and where you took your specialty module ICE Workshop and conducted your Shadow ICE?

i. When and where you did you take your ICE Workshop?

Specialty Module	ICE Workshop (month / year)	ICE Workshop Location	Name of TFL or SFL Delivering Specialty Module
Weight Training			
Personal Training			
Group			

ii. When and where did you conduct your Shadow ICE?

Specialty Module	Shadow ICE (month / year)	Shadow ICE Location	Name of TFL or SFL Evaluating
Weight Training			
Personal Training			
Older Adult Fitness			
Pilates Fitness			
Aquatic Fitness			
Group Fitness			
Osteofit			
Yoga Fitness			

Please submit your Shadow ICE evaluation and the ICE evaluation of the TFL with whom you conducted your Shadow ICE.

d. Will you be using course material from another TFL that have already been BCRPA approved or are you developing your own course materials?

i. If yes – I will be using course materials from another TFL that have been BCRPA approved, please indicate the name of the TFL whose material you will be using:



- ii. If no - I will be developing my own course material. Please provide your course material and course curriculum / outline as an attachment to this application. Your course curriculum / outline must map to the NFLA Performance Standards competencies for each specialty you are applying to teach.

Please use the chart in Appendix 1 that is attached to this document to list your curriculum map. There is a sample provided to show you how to map your curriculum to the NFLA Performance Standards.

5. Reference Letter

Please provide two reference letters from a Supervisor, Manager or Fitness Club / Business Owner indicating your competencies as a trainer and educator.

6. Train-the Trainer Workshop

Completing the BCRPA Train-the-Trainer workshop is a requirement to complete your TFL certification. Successful TFL applicants will be invited to attend BCRPA's Train-the-Trainer workshop.

Thank you for submitting a TFL application.



BC Recreation and Parks Association
301– 470 Granville Street
Vancouver, BC V6C 1V5
TEL: 604-629-0965
FAX: 604-629-2651
Email: bcrpa@bcrpa.bc.ca
www.bcrpa.bc.ca

Please provide all documentation to BCRPA. Processing time is three to four weeks.

British Columbia Recreation and Parks Association
301-407 Granville Street
Vancouver, British Columbia
V6C 1V5

Application Review Fee: \$50.00

Payment Information

Credit Card Type: VISA MasterCard

Name on Credit Card: _____

Credit Card #: _____

Expiry Date: _____

CVV#: _____

Signature: _____



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APPENDIX 1 - Trainer of Fitness Leaders Application Curriculum Mapping Form

Instructions:

Please complete the course curriculum map and submit it with your TFL application.

To complete the curriculum map, list the components of your module's curriculum which address the related **NFLA Performance Standards competencies** listed on the form below.

- NFLA Performance Standards: <http://www.bcrpa.bc.ca/fitness-program/performance-standards>

Attach all related course materials to this form. This should include:

- lesson plans
- activities
- assessment tools

Note: A sample map has been provided for your reference on the next



Sample Group Fitness Course Curriculum Map

The following is an example of how to map your Group Fitness course content to the NFLA Performance Standards for review by the BCRPA.

Please note that all materials relating to your curriculum must be attached to the mapping form including lesson plans, activities and assessment tools.

Applicant’s Name: Jane Smith

Course: Group Fitness

Performance Standard Category: Program Planning

Performance Standard: *“The Group Exercise Leader will design an effective program using established methods and training principles”.*

Competency	Lesson Plan	Reference	Resource / Activity	Assignment / Assessment Tool
Describe pre-screening strategies for safe program delivery and participation in physical activity (e.g., PAR-Q, informed consent, needs assessment, goals).	Lesson Plan #2.1 “The Importance of Safety”	CFES Group Exercise Instructor Course page 9.2	Read handout #2.1	Practice teaching and administration of verbal Par-Q and complete Needs Assessment Form
Describe ways to assess the effectiveness of a group exercise program	Lesson Plan #2.2 “Observational evaluation”	CFES Group Exercise Instructor Course page 4.5 and 4.10	Program and Lesson Plan Checklist	Assignment #2.2 Group Fitness Instructor Check List (pg. 4.12)
Demonstrate an understanding of effective design and delivery for group exercise programming.	Lesson Plan #2.2 “Program Planning”	CFES Group Exercise Instructor Course Chapter 4	Read Micro and Macro Planning pages 4.5 – 4.9	Assignment #2.2 Complete a Master Program Plan



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Applicant's Course Curriculum Map

Applicant's Name: _____ Course: _____

Performance Standard Category: _____

Performance Standard: _____

Competency	Lesson Plan	Reference	Resource / Activity	Assignment / Assessment Tool

Please print additional pages as required.



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Applicant's Name: _____ Course: _____

Performance Standard Category: _____

Performance Standard: _____

Competency	Lesson Plan	Reference	Resource / Activity	Assignment / Assessment Tool

Please print additional pages as required.