

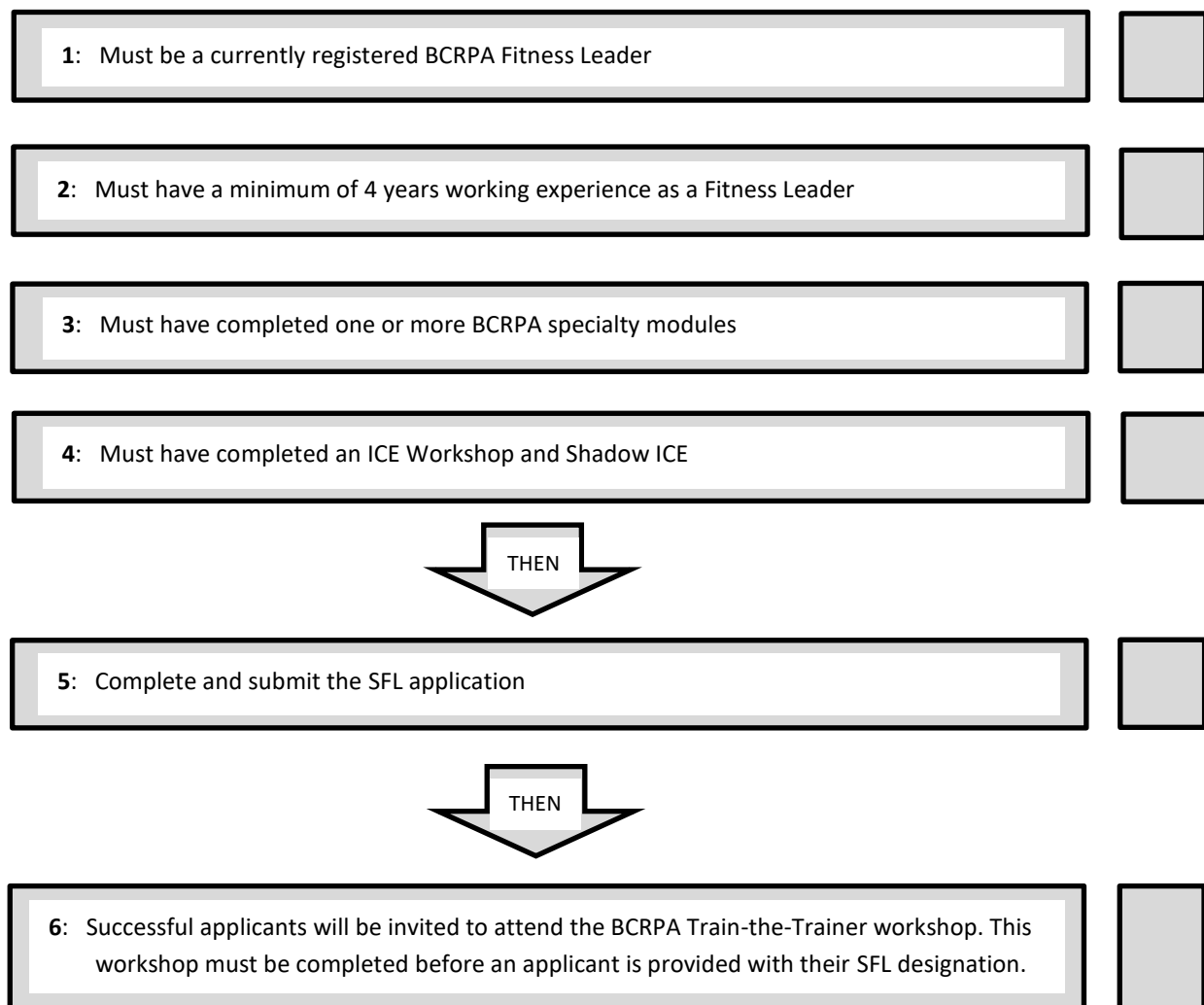
Supervisor of Fitness Leaders (SFL) Application



As a Supervisor of Fitness Leaders (SFL) you will be able to conduct ICE evaluations, present workshops in your specialty area(s) and grant BCRPA continuing education credits (CECs).

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

SFL Application Requirements





BCRPA Supervisor of Fitness Leaders (SFL) 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 SFL or TFL Delivering Specialty Module
Weight Training			
Personal Training			
Group Fitness			

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

Specialty Module	Shadow ICE (month / year)	Shadow ICE Location	Name of SFL or TFL 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 SFL with whom you conducted your Shadow ICE.

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 SFL designation. Successful SFL applicants will be invited to attend BCRPA's Train-the-Trainer workshop.

Thank you for submitting a SFL 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: _____