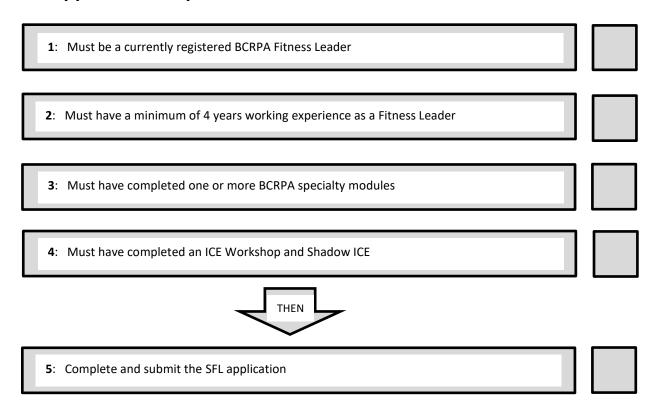
Supervisor of Fitness Leaders (SFL) Application



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





TEL: 604-629-0965 FAX: 604-629-2651

Email: <u>bcrpa@bcrpa.bc.ca</u> www.bcrpa.bc.ca

BCRPA Supervisor of Fitness Leaders (SFL) Application

| | _ | | | |
|-------------------|---------------------|---------------------|-------------------|--|
| □ Secondary | □ College (diploma) | ☐ University Degree | □ Graduate Degree | |
| ☐ Other Education | Undertaken and Comp | oleted: | | |
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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

| Please indicate which special Weight Training | | teach (you can select more to Aquatic Fitness |
|---|---|---|
| □ Personal Training | | Group Fitness |
| □ Older Adult Fitness | | Osteofit |
| ☐ Pilates Fitness | | Yoga Fitness |
| Please indicate when and wh | | - |
| Specialty Module | nere you took your specialty r Training Date (month / year) | nodule training. Training Location |
| Specialty Module Weight Training | Training Date | - |
| Specialty Module | Training Date | - |
| Specialty Module Weight Training Personal Training | Training Date | - |
| Specialty Module Weight Training Personal Training Older Adult Fitness | Training Date | - |
| Specialty Module Weight Training Personal Training Older Adult Fitness Pilates Fitness | Training Date | - |
| Specialty Module Weight Training Personal Training Older Adult Fitness Pilates Fitness Aquatic Fitness | Training Date | - |



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- 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.

Thank you for submitting a SFL application.



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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 + GST

Payment Information

| Credit Card Type: | □ VISA | □ MasterCard | |
|----------------------|--------|--------------|--|
| Name on Credit Card: | | | |
| Credit Card #: | | | |
| Expiry Date: | | | |
| CVV#: | | | |
| Signature: | | | |