





BRITISH COLUMBIA RECREATION AND PARKS ASSOCIATION 301- 470 Granville Street, Vancouver, BC V6C 1V5

PROVINCIAL FITNESS LEADERSHIP REGISTRATION PROGRAM

Telephone: (604) 629-0965 Fax: (604) 629-2651

e-mail: bcrpa@bcrpa.bc.ca
Website: www.bcrpa.bc.ca

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APPLICAN	IT'S NAME						
MAILING A	ADDRESS						
PHONE N	UMBER (Home)		(Busi	ness)			
EVALUATI	ION DATE	Have you changed your address? Yes () No ()					
EIGHT HOUR RESUME - OsteoFit Hours are not to have been performed prior to the start of the OsteoFit Module Course.							
Date	Agency	Supervisor	Length of Instruction	Type (group class, one on one session etc.)	Class size		

LESSON PLAN

This form is to help the evaluator while writing up the Instructional Competency Evaluation form. There is no grade attached to the lesson plan. You are required to hand this completed lesson plan to the evaluator *prior* to the evaluation. Please copy this form if additional space is required.

Fitness	Exercise Selection	Muscle Groups	Special Precautions
Component	2.010.00 0010011011	Muscle Groups and/or	Special Precautions or Instructions
		Joints Involved	