



# Arthritis Foundation Certification Application Form

Please check program and type of certification applying for (only one choice per column):

**PROGRAM**

- Arthritis Foundation Aquatic Program
- Arthritis Foundation Aquatic Program for JA
- Arthritis Foundation Exercise Program
- Arthritis Foundation Self-Help Program
- Arthritis Foundation Tai Chi Program
- Spanish Arthritis Self-Management Program

**TYPE**

- Leader Certification
- Instructor Certification
- Leader Recertification
- Instructor Recertification
- Trainer Certification
- Trainer Recertification

Please fill in completely. Type or print neatly.

FULL NAME (Last, First, Middle Initial)														

DATE OF BIRTH (M/D/Y)	DAYTIME PHONE NUMBER	EMAIL ADDRESS

Your Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your local Arthritis Foundation chapter: \_\_\_\_\_

**Training Requirement**

I completed the Arthritis Foundation Leader/Instructor/Train-the-Trainer Training/Recertification Workshop on (dates attended) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in (city, state) \_\_\_\_\_  
 at (site location) \_\_\_\_\_ by (trainer(s) name) \_\_\_\_\_

**Teaching Requirement**

I taught my required classroom experience (a minimum of six class sessions within 6 months of training or one AF leader/instructor workshop within 6-12 months of Train-the-trainer training) on (starting date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to (ending date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at (name and address of facility): \_\_\_\_\_

**Arthritis Foundation Aquatic Program INSTRUCTOR Certification Requirement** (note if you do not meet this requirement but do meet the training and teaching requirements, you will be certified as an Arthritis Foundation Aquatic Program LEADER)

Do you have a current YMCA or Red Cross or nationally recognized lifeguard or water safety/ rescue certification?  
 Yes  No. If yes, expiration date: \_\_\_\_\_

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## Leader/ Instructor/ Trainer Letter of Agreement

I agree to abide by all rules and regulations for the Arthritis Foundation program in which I am seeking certification as set forth in the *Statement of Understanding*, the *Arthritis Foundation Program Leader/ Instructors/ Trainer Position Descriptions* and *Instructor Manuals*, including but not limited to the following:

1. Ensure that all programs/ classes/ training workshops are in collaboration with the Arthritis Foundation as documented in a co-sponsorship agreement with the host agency.
2. Remain in good standing by teaching at least six Arthritis Foundation class sessions at an approved site (or if a trainer, teach one workshop) within six months of training; teaching at least one class series/ workshop per year; reporting participant data from these classes/ workshops; and undergoing recertification training every 2 years for the Arthritis Foundation Tai Chi Program and every 3 years for all other programs.
3. Follow the standardized program/ training workshop curriculum and abide by program copyrights to not offer in its entirety or use any part of the program manuals and material, except under its official program title.
4. Ensure that Participant Release Forms are signed by and collected from every new class participant and submitted to the Arthritis Foundation.
5. Ensure that the full Arthritis Foundation program name and logo are included in all marketing of this program.
6. Uphold and maintain all Arthritis Foundation program policies and procedures, acting at all times in a manner to protect the safety of program participants and the interests of the Arthritis Foundation.

I certify that the information provided in this application form is correct and I have read and fully understand the Leader/ Instructor/ Trainer Agreement as presented above. I also understand that failure on my part to adhere to this agreement and to other program policies and procedures can result in loss of my status as an approved Arthritis Foundation Leader/Instructor/Trainer.

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Date

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Signature

Send completed and signed form, along with any requested course/ workshop information and fees to your local Arthritis Foundation Chapter office.