

Arthritis Foundation Life Improvement Series Program Leader/Instructor Application

Aquatic Program

Exercise Program

Tai Chi Program

Registration Form

Name: _____ Title: _____

*Home Address (required) _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Where you intend to teach this class at: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email: _____

Enclosed is my fee for: \$ \$65.00

Date of Workshop _____

Program _____

Qualifications (Attach copy of card)

Expiration Date

CPR (Required)* All programs ___ Yes ___ No _____

Other National Certifications (AEA, ACE, etc) _____

NEW Aquatics Only (Required for all AF Aquatic Leaders and Instructors)

Ability to swim at least 25 yards without stopping, jump into deep water & float for 10 minutes or tread water for 1 minute, and demonstrate the recovery position ___ Yes ___ No _____

Optional

Lifesaving/YMCA Equivalent (*Aquatics*) ___ Yes ___ No _____

Red Cross Water Safety Instructor (*Aquatics*) ___ Yes ___ No _____

Are you a certified lifeguard? (*Aquatics*) ___ Yes ___ No _____

Experience

What experience have you had leading an exercise class?

What is your profession and or background in health, fitness or education? Please specify and list relevant course work (e.g. exercise, physiology, psychology, Gerontology, kinesiology, sociology):

OVER→

Leader/ Instructor Statement of Understanding

The Arthritis Foundation has established the following policies and procedures to ensure the quality of its programs. Please sign on the following page to indicate your acknowledgement and acceptance of these requirements:

1. I have met the prerequisite qualifications of the workshop. All workshop attendees must have a current CPR. **Aquatics only** a) Able to swim one lap of the pool using any stroke b) Able to tread water for one minute c) Able to perform the recovery position from supine and face down.
2. Leaders/Instructors must conduct Arthritis Foundation programs in accordance with the program guidelines and agree not to change the programs in any way.
3. I understand that certification as an AF leader/instructor provides me with a limited license to deliver the AF program in which I've been trained as long as I maintain my affiliation with the Arthritis Foundation and uphold its policies and procedures. I acknowledge that the AF program materials are copyrighted and agree to honor the programs copyright protection.
4. I understand that only approved trainers can teach others to become AF leaders/instructors. I may not teach others how to lead the AF program classes. All Leaders/Instructors must agree to uphold and maintain the policies and standards of their Arthritis Foundation programs, acting at all times in a manner consistent to the safety of the program participants and the interests of the Arthritis Foundation.
5. All programs/classes scheduled must be in collaboration with the Arthritis Foundation. I will offer the classes at sites that have completed a current Program Co-sponsorship Agreement on file with the AF documenting their compliance with AF policies including adequate insurance coverage and accessibility. I will contact the AF if the site status changes.
6. I will submit participant data quarterly reports that the Arthritis Foundation uses to measure the reach, quality and or impact of the AF programs.
7. In order to become a certified leader or instructor all Leaders/Instructors completing a workshop must teach 6 classes of the Arthritis Foundation Aquatic, Exercise or Tai Chi program within one year of training and submit a certification application to fulfill Leader/Instructor certification requirements. All Leaders/Instructors must be recertified every three years.

I HAVE READ AND I UNDERSTAND THE PRECEDING STATEMENTS. I FURTHER UNDERSTAND THAT COMPLIANCE WITH THIS STATEMENT OF UNDERSTANDING IS REQUIRED FOR MY TRAINING AND CONTINUED PARTICIPATION AS AN ARTHRITIS FOUNDATION LEADER OR INSTRUCTOR.

Print Name of Leader/Instructor Applicant

Date

Signature

Due to the pre-requisites required, registrations must be received 10 days before the desired workshop. To register please mail this completed form with your \$65.00 workshop fee to:

MaryAnn St. John
Programs & Education
Arthritis Foundation
7124 Miami Avenue
Cincinnati, OH 45243
513-271-4545 ext 104

A confirmation letter, directions and study material will be mailed to approximately one week before the workshop. Workshops fill quickly. All registration forms will be placed in the order that they are received with their payment.



Agency Partner