

## Leader/Instructor Training and Certification Application

PLEASE CHECK PROGRAM AND TYPE OF CERTIFICATION APPLYING FOR:

**PROGRAM**

- Arthritis Foundation Aquatic Program
- Arthritis Foundation Walk With Ease Program
- Arthritis Foundation Exercise Program
- Arthritis Foundation Tai Chi Program

**TYPE**

- Certification
- Recertification

**COMPLETE ALL SECTIONS. TYPE OR PRINT NEATLY.**

**TRAINING REQUIREMENT**

I am interested in attending the training on \_\_\_ / \_\_\_ / \_\_\_ in (city, state) \_\_\_\_\_

**OR**

I completed the Arthritis Foundation Leader/Instructor Workshop:

Online through Aerobics and Fitness Association of America (AFAA) for Arthritis Foundation Exercise Program \_\_\_ / \_\_\_ / \_\_\_ (date of completion)

Online through the Arthritis Foundation website (arthritis.org) for Walk With Ease Program \_\_\_/\_\_\_/\_\_\_ (date of completion)

**PERSONAL INFORMATION**

First Name:	MI:	Last Name:
Home Street Address:		
City:	State:	Zip:
Date of Birth:	Daytime Phone:	
Email:		

**Do you have professional liability insurance coverage with an aggregate/single occurrence limit not less than one million dollars (\$1,000,000) for personal injury or property damage?**  YES  NO

If yes, list expiration date and policy #: \_\_\_\_\_

If no, what facility/agency policy are you covered under? \_\_\_\_\_

**FACILITY INFORMATION**

Please provide information about the facility/location where you plan to teach. If you plan to teach at more than one location, please attach a list including the facility information requested below.

Facility Name:
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Facility Address:		
City:	State:	Zip:
Phone number:		

**QUALIFICATIONS** \*Attach copy of card(s)

Do you have current ADULT CPR certification? (Required) Expiration Date:	<input type="checkbox"/> YES* <input type="checkbox"/> NO
Do you have current First Aid certification? (Recommended)	<input type="checkbox"/> YES* <input type="checkbox"/> NO
List other relevant certifications and their expiration date:	

**FOR AQUATICS ONLY**

Do you have a current lifeguard or water safety/rescue certification? (Required for all AF Aquatic Instructors. Not required for AF Aquatic Leaders)	<input type="checkbox"/> YES* <input type="checkbox"/> NO
Can you swim at least 25 yards using any stroke without stopping, jump into deep water, surface, and either float for a minimum of 10 minutes or tread water for a minimum of 1 minute, and perform the recovery position from face up and face down in shallow and deep water (taught at leader training workshop)	<input type="checkbox"/> YES <input type="checkbox"/> NO

**EXPERIENCE**

What professional or volunteer experience have you had leading aquatic or exercise classes, conducting workshops or speaking in public?
What is your profession and/or background in health, fitness or education? List any relevant degrees or course work.
Do you have any fitness certifications? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please list.

**FEE INFORMATION (FOR THOSE ATTENDING THE IN-PERSON TRAINING ONLY)**

<p><b>I agree to pay (check one) :</b></p> <p><input type="checkbox"/> \$___ for NEW Certification <input type="checkbox"/> \$___ for Recertification</p> <p><input type="checkbox"/> <b>Enclosed is a check</b> made payable to the <b>Arthritis Foundation</b></p> <p><input type="checkbox"/> <b>Charge my:</b> <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MC</p> <p>Card # _____</p> <p>Expires: _____ 3-digit Security Code: _____</p> <p>Name on Card: _____</p> <p><b>Signature:</b> _____</p> <p><b><u>PLEASE SEND COPMLETE AND SIGNED APPLICATION AND PAYMENT TO:</u></b></p>
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## 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:**

- As the first step in becoming an AF certified Leader or Instructor, I will attend and successfully complete an AF Leader/Instructor Training Workshop (in-person or on-line) conducted by certified trainers from either the AF directly or organizations authorized by the AF. I will complete and sign this Application Form and Statement of Understanding and meet all appropriate prerequisite qualifications. I will actively participate in all aspects of the training. I understand that only certain AF-approved trainers can teach others to become AF Leaders or Instructors. I may not teach others how to lead the AF program classes.
- As a condition of maintaining my certification, I will attend an AF Recertification training for each AF program I am certified to instruct at least once every two years and agree to participate in annual continuing education activities when available from the AF. The Walk With Ease program does not require recertification.
- I understand that certification as an AF Leader or Instructor provides me with a limited license to deliver the AF program(s) in which I've been trained as long as I maintain my affiliation with the AF and uphold its policies and procedures. I acknowledge that the AF program materials are copyrighted and agree to honor the programs' copyright protection.
- I will carry professional liability insurance coverage with an aggregate/single occurrence limit not less than one million dollars (\$1,000,000.00) for personal injury or property damage, unless I am covered by my host facility's comprehensive or professional liability insurance policy. I agree to notify the AF immediately if the insurance I agree to carry at any time lapses or I am no longer covered by the facility or my employer.
- I will conduct and support marketing efforts for the AF classes in my community in collaboration with the AF. I will notify the AF in advance of each course series to assure adequate time for promotion and other preparations. I will notify the AF if I stop teaching the AF program at any location. I will assure that participants recognize the AF's co-sponsorship of the programs. I will provide participants with information about other AF programs and services.

- I agree to follow the standardized program curriculum and will not make any variations in the approved program content or process described in the program leader/instructor manuals without prior written permission.
- I will only teach classes at locations or facilities that are safe and meet all conditions required by each program’s requirements and procedures. I agree that it is my responsibility to ensure that the location or facility meets any applicable requirements before I begin instructing.
- To protect the AF and myself against legal claims, I will ensure each new course participant has signed a Participant Release Form either through the AF, through the applicable facility, or through my own actions. I will maintain records that establish how each participant has signed Participant Release Forms. I will also communicate and enforce the safety principles I learn in the AF Leader/ Instructor Training Workshop.
- If requested, I will submit complete and timely participant data and participate in any other data collection projects that the Arthritis Foundation uses to measure the reach, quality and/or impact of the AF programs in accordance with a specified reporting schedule and method.
- I agree to uphold and maintain the policies, procedures and standards of the AF program and to fulfill all obligations listed in the AF Leader/ Instructor Position Description and in the AF Leader/ Instructor manuals.
- I understand that the Arthritis Foundation is a voluntary health organization. If serving in a voluntary capacity, I will not receive compensation or employee benefits from the Arthritis Foundation. However, an honorarium may be paid.

**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*