



British Columbia Recreation & Parks Association
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FITNESS LEADERSHIP REGISTRATION PROGRAM
SUPERVISOR OF FITNESS LEADERS APPLICATION
Personal Training

First Name: _____ Last Name: _____
Address: _____ City: _____
Postal Code: _____ Phone Number: _____
E-mail: _____

REGISTERED SUPERVISOR OF PERSONAL TRAINERS - REQUIREMENTS

- _____ BCRPA Weight Training Supervisor (SFL) registration for a minimum of 2 years (out of province registration will be reviewed and assessed on an individual basis)
- _____ BCRPA Personal Training registration for a minimum of 2 years
- _____ Current First Aid (valid for 2 years after issue date) and CPR (valid for 1 year after issue date)
- _____ Personal Training Instructional Competency Evaluation (ICE) Workshop and Mock ICE (contact the office regarding waitlist procedures)
- _____ Two reference letters supporting application (current within 1 year) from a Supervisor or Manager/Owner of a fitness facility

REVIEW FEE:

_____ \$25.00 VISA/MC# _____

Exp. Date _____ Signature _____

Enclose copies of all documents verifying the above information **together** and mail to the BCRPA office. Please allow 2-3 weeks for processing.

BCRPA Personal Training TFL's (course conductors) are exempt from the SFL application process.