

2016 ACCREDITED EXERCISE PHYSIOLOGIST (AEP)

4 YR. NUCAP

ELIGIBILITY

This form is relevant for to applicants who;

- * have completed a NUCAP undergraduate qualification AND
- are applying to join ESSA within two years of graduation

* **NUCAP is the acronym for a National University Course Accredited Program i.e. a university course approved by ESSA.**


OVERVIEW

*Accreditation as an AEP includes recognition as an Accredited Exercise Scientist (AES)

To be eligible to apply for exercise physiology accreditation (AEP) applicants must;

1. Attach evidence of at least 500 hours of practicum in the form of log books attached to supervisor forms for the following categories;
 - At least 140 hours of apparently healthy practicum
 - At least 360 hours of clinical practicum including;
 - a. At least 140 hours of cardiopulmonary/metabolic practicum
 - b. At least 140 hours of musculoskeletal/neurological/neuromuscular practicum
 - c. up to 80 hours of 'other' clinical health delivery activities IF a total of 360 hours of practicum has not been completed in categories a. and b. above

APPLY

- This application form includes links to documents that will provide further information to help complete this form
- Apply to ESSA for AEP within two years of graduating from a 4 yr. NUCAP qualification. NOTE: This application must be posted within this two year period. For example, if the graduation date is 10th of November 2015 an AEP application must be posted to ESSA no later than 10th November 2017
- Save a copy of this application form and complete in full 
- ESSA forms must be completed in English and all documentation supplied must be in English
- Print the form and attach all relevant documents
- Refer to the checklist on the final page of this application form to ensure you have completed the application form in full
- Post to Exercise & Sports Science Australia (ESSA), Locked Bag 102, Albion DC QLD 4010, Australia



SECTION A- PERSONAL DETAILS

PERSONAL DETAILS

Title Full Name

DOB

Email
(this is required for your website login)

Are you of Aboriginal or Torres Strait Islander origin? Yes No

How did you find out about ESSA membership? ESSA Website Colleague Employer University Other

CONTACT INFORMATION

Postal address

Town/Suburb State/province Postcode /zip code

Country Contact phone number

WORK ADDRESS AND EMPLOYMENT INFORMATION

Name of workplace

Postal address

Town/Suburb State/province Postcode /zip code

Country Contact phone number

Current Employment _____

Previous Position/title _____

PRIVACY STATEMENT

Exercise & Sports Science Australia acknowledges and respects the privacy of its members and accredited professionals. All information provided on this form is subject to ESSA's Privacy Policy, outlined on ESSA's website www.essa.org.au. ESSA uses and discloses personal information only for our primary functions or a directly related purpose. Primary functions include the release of accredited member information via the Find an Accredited Exercise Scientist/ Accredited Exercise Physiologist/Accredited Sports Scientist search function on the ESSA website. Related purposes include release of accreditation information to organisations (such as Medicare Australia, Department of Veterans' Affairs, private health insurers,

workers compensation authorities, National Health Services Directory, Primary Health Networks); industry information to relevant condition organisations (e.g. Arthritis Australia, Heart Foundation, Diabetes Australia); as well as accreditation information to relevant sports governing bodies (e.g. Australian Sports Anti-Doping Authority (ASADA) and sports integrity unit/s). If you do not wish for your information to be disclosed please provide written notification to ESSA at info@essa.org.au. You have the right of access to and alteration of your personal information in accordance with the Privacy Act.

Complete the first 3 sections of this page IF you are working in the exercise and sports science industry AND complete the languages section. Please indicate your primary, and if applicable your secondary, professional practice sector by placing a 1 (for primary area of employment) and 2 (for secondary area of employment if applicable) in the boxes below:

National government organisation	<input type="checkbox"/>	Health care organisation	<input type="checkbox"/>	Workers compensation agency	<input type="checkbox"/>
Research/education institution	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Student	<input type="checkbox"/>
Sporting club/institution	<input type="checkbox"/>	Mining	<input type="checkbox"/>	Not currently working	<input type="checkbox"/>
Regional government organisation	<input type="checkbox"/>	Private company	<input type="checkbox"/>	On leave	<input type="checkbox"/>
Fitness club/institution	<input type="checkbox"/>	Sporting club/institution	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please indicate your primary, and if applicable your secondary, area of employment by placing a 1 (for primary area of employment) and 2 (for secondary area of employment if applicable) in the boxes below:

Administration/project officer	<input type="checkbox"/>	Community health/health promotion	<input type="checkbox"/>	Rehabilitation case management	<input type="checkbox"/>
Aged care	<input type="checkbox"/>	Education	<input type="checkbox"/>	Rehabilitation service provider	<input type="checkbox"/>
Chronic disease management	<input type="checkbox"/>	Fitness industry	<input type="checkbox"/>	Sports science testing	<input type="checkbox"/>
Chronic disease prevention	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Strength & conditioning	<input type="checkbox"/>
Clinical assessments & screening	<input type="checkbox"/>	Management	<input type="checkbox"/>	Workplace health or corporate health	<input type="checkbox"/>
Coaching & athlete development	<input type="checkbox"/>	Occupational health & assessment	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please indicate your primary, and if applicable your secondary, specialty by placing a 1 (for primary area of employment) and 2 (for secondary area of employment if applicable) in the boxes below:

Cancer	<input type="checkbox"/>	Metabolic	<input type="checkbox"/>	Primary prevention	<input type="checkbox"/>
Cardiac	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	Sport enhancement	<input type="checkbox"/>
Disability services	<input type="checkbox"/>	Neurologic	<input type="checkbox"/>	Testing/screening	<input type="checkbox"/>
Ergonomics	<input type="checkbox"/>	Older adults	<input type="checkbox"/>	Other	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>		

Please indicate languages you are fluent in by placing a tick in the boxes below:

English	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Mandarin	<input type="checkbox"/>
Afrikaans	<input type="checkbox"/>	French	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	German	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Tagalog	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>	Maltese	<input type="checkbox"/>	Other	<input type="checkbox"/>

SECTION B- QUALIFICATIONS

COURSE NAME	COURSE CODE	UNIVERSITY	YEAR COMPLETED

ATTACH

1. **Certified*** copy of **your official*** and **final*** academic transcript (you may need to order this from the university) NOTE: '**certified**' means signed by a suitable notary (see *Suitable notary*). *'**official**' means a hard copy from your university i.e. not downloaded from the university website. *'**final**' means the transcript verifies that your university qualification has been awarded or conferred
2. For transcripts not in English, attach an officially translated copy of your final academic transcript. NOTE: Transcripts must be translated to English by a NAATI accredited translator (National Accreditation Authority for Translators and Interpreters Ltd)
3. Copy of current First Aid (code HLTAID003) and CPR (code HLTAID001) certificate/statement of attainment
4. If you have completed Standards and Compliance as part of your qualification please attach your certificate of completion

SECTION C- FEE AND PAYMENT DETAILS

ESSA applications incur a processing fee payable upon receipt of your application and the annual membership and/or accreditation fee/s upon approval of your application.

C1.0 PROCESSING AND ASSESSMENT FEES

- An initial processing fee of \$40 incl GST applies
- An additional assessment fee of \$55 incl GST applies in the event that an application requires additional information to be finalised i.e. you are asked to supply additional information. Additional assessment fees will be charged prior to an assessment.
- A maximum of two additional assessments are allowed per application. If your application is not approved after two additional assessments OR if you fail to supply information by due date your application will be finalised as declined
- Additional information must be supplied within 30 working days
- Additional assessments are processed within 30 working days
- All processing and assessment fees are non-refundable.

C2.0 PAYMENT AUTHORISATIONS

I authorise Exercise & Sports Science Australia to charge the relevant fee for my initial processing and additional assessment/s if applicable.

Signature: _____ Date:

C3.0 MEMBERSHIP AND ACCREDITATION FEES

Recognition as an AEP also includes recognition as an Accredited Exercise Scientist (AES). Upon approval for AEP you are eligible to choose from two joining options. Please tick your preferred joining option below;

- I wish to become a AEP (including AES) AND a Full member of ESSA
Total fee: \$630 incl GST
- I wish to become an AEP (including AES) without the benefits of Full membership of ESSA
Total fee: \$567 incl GST
- I wish to take a leave of absence from accreditation. Please contact ESSA on ph: +61 7 3862 4122

C4.0 PAYMENT METHODS

ESSA accepts credit card and cheques/money orders

I am paying by cheque/money order

*Please attach a cheque/money order for your relevant initial processing fee made payable to Exercise & Sports Science Australia.

NOTE: if an additional assessment is required you will need to submit the appropriate fee payment when you supply your additional information.

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I am paying by credit card

Card type (Please select)

VISA

Mastercard

Cardholder's name _____ Expiry of card (Month/Year) _____

Card number

Signature _____ Date

If my application is approved I authorise Exercise & Sports Science Australia to charge my credit card for the preferred joining option indicated above. NOTE: If paying by credit card a 1.5% merchant fee applies.

SECTION D- DECLARATIONS

D1.0 ESSA DECLARATIONS

By submitting this application I authorise and acknowledge the following:

A) I certify that the information supplied on and with this form is true and correct.

Applicant's signature _____ Date

B) If accepted as an Exercise & Sports Science Australia member and or an accredited professional I agree to abide by the *Exercise & Sports Science Australia Code of Professional Conduct and Ethical Practice*

Applicant's signature _____ Date

C) As an accredited professional I certify that if I am working with clients/human subjects (no matter the type) that I will have current professional indemnity and public liability insurance and hold current first aid and cardiopulmonary resuscitation (CPR) qualifications

Applicant's signature _____ Date

If accepted by Exercise and Sports Science Australia as an accredited professional I agree to receive information and updates about ESSA and the industry. If I choose to be an ESSA Full member I agree to have my services as an accredited professional searchable on the ESSA website. (Note: you can change this at any time once you become an accredited member by logging into your profile in the members area of the website and removing yourself from the search function).

Applicant's signature _____ Date

D) If accepted as an Exercise & Sports Science Australia member and or an accredited professional I confirm that I am a fit and proper person by acknowledging the following:

- I have not been charged with or have any prior convictions for a serious criminal offence, sexual assault, fraud, or other offence of dishonesty;
- I have not been and am not currently under investigation, the subject of complaint, disciplinary proceedings or adverse findings as to fitness to practice by any international regulatory body having jurisdiction over me or any industry in which I have been employed;
- I possess the necessary physical and mental health to deliver a service safely and competently to the public.

Applicant's signature _____ Date

D2.0 STATUTORY DECLARATION

This statutory declaration covers all information provided to support this application, including additional information submitted for any additional assessments

1. *Insert the name, address and occupation of person making the declaration* I,¹ _____ (name) of
 _____ (address)
 And of _____ (occupation)
- make the following declaration under the Statutory Declarations Act 1959:
2. *Set out matter declared to in numbered paragraphs* ² "The attached documentation accurately demonstrates the necessary requirements for this application with Exercise & Sports Science Australia and is complete, accurate, truthful and supported by evidence"
- I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.
3. *Signature of person making the declaration* ³ Signature _____
4. *Place* Declared at ⁴ _____ on ⁵ _____ of ⁶ _____
5. *Day*
6. *Month and year*
7. *Signature of person before whom the declaration is made (see over)* ⁷ Signature _____
8. *Full name, qualification and address of person before whom the declaration is made (in printed letters)* ⁸ Name _____
 Qualification _____

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.

Note 2 Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.

Please see the attachment **Suitable notary** for suitable persons authorised to certify an academic transcript and witness a statutory declaration and for an example of a **completed statutory declaration click here.**

SECTION E- EVIDENCE OF 500 HOURS OF PRACTICUM

Please refer to the *ESSA logbook template*, examples of the *supervisor forms and examples* for all practicum categories. Please refer to the *AEP Practicum Guide* for further information on logging practicum.

E1.0 ATTACH A COMPLETED LOGBOOK/S FOR AT LEAST 140 HOURS OF APPARENTLY HEALTHY PRACTICUM , THIS MUST BE ATTACHED TO A SUPERVISOR FORM/S FOR EACH PRACTICUM SITE, THEN PROCEED TO E2.0.



E2.0 ATTACH COMPLETED LOGBOOKS FOR AT LEAST 360 HOURS OF CLINICAL PRACTICUM INCLUDING;



- a. At least 140 hours of cardiopulmonary/metabolic practicum
- b. At least 140 hours of musculoskeletal/neurological/neuromuscular practicum
- c. You can supply up to 80 hours of 'other' clinical health delivery activities IF you have not completed a total of 360 hours of practicum in categories a. and b. above
Proceed to E3.0

E3.0 ATTACH THE SUPERVISOR FORMS TO YOUR CLINICAL LOGBOOKS. THIS MUST INCLUDE;






- a. A supervisor form attached to your logbook for each cardiopulmonary/metabolic practicum *at least two hours of the 140 hours must be supervised by an AEP
- b. A supervisor form attached to your logbook for each musculoskeletal/neurological/neuromuscular practicum *at least two hours of the 140 hours must be supervised by an AEP
- c. A supervisor form attached to your logbook for each of the 'other' clinical practicums * No AEP supervision is required in this category.

E4.0 COMPLETE THE PRACTICUM SUMMARY TABLE BELOW.

NO.	PRACTICUM SITE	APP HEALTHY HRS	CARDIO/MET		MSK/NEURO		'OTHER' CLINICAL
			HRS	*AEP SUP. (TICK)	HRS	*AEP SUP. (TICK)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
CATEGORY TOTALS							
TOTAL PRACTICUM HOURS							

*AEP supervision

SECTION F- APPLICATION CHECKLIST (TICK WHEN COMPLETE)

1. **COMPLETE SECTION A** - PERSONAL DETAILS
2. **COMPLETE SECTION B** - QUALIFICATIONS *ATTACH CERTIFIED COPIES 
3. **COMPLETE SECTION C** - FEES AND PAYMENTS * ATTACH CHEQUES/MONEY ORDERS IF APPLICABLE 
4. **COMPLETE SECTION D** - DECLARATIONS
5. **COMPLETE SECTION E** - 500 HOURS OF PRACTICUM *ATTACH THE RELEVANT EVIDENCE 
 - I HAVE COMPLETED A SUPERVISOR FORM FOR EACH APPARENTLY HEALTHY PRACTICUM SITE AND ATTACHED TO THE LOGBOOKS
 - I HAVE COMPLETED A SUPERVISOR FORM FOR EACH CARDIOPULMONARY/METABOLIC PRACTICUM SITE AND ATTACHED TO THE LOGBOOKS *AEP supervision is included
 - I HAVE COMPLETED A SUPERVISOR FORM FOR EACH MUSCULOSKELETAL/NEUROLOGICAL/NEUROMUSCULAR PRACTICUM SITE AND ATTACHED TO THE LOGBOOKS *AEP supervision is included
 - I HAVE COMPLETED A SUPERVISOR FORM FOR EACH 'OTHER' CLINICAL PRACTICUM SITE AND ATTACHED TO THE LOGBOOKS

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Please note:

- Applications will not be assessed until a complete application and supporting documentation has been received by the ESSA National Office
- Applications are assessed in order of arrival and can take up to 30 working days per application from the date of receipt
- You will receive a confirmation email upon receipt of your application. If you have not received this within 20 working days of sending your application please contact ESSA on +61 7 3862 4122
- Application forms are not returned to you, please keep a copy for your records
- Do not send original academic transcripts as these will not be returned to you
- ESSA recommends sending your application by registered post and keeping a tracking number for your reference