



Thank you for supporting meaningful standards in the exercise & wellness industry!

By transferring your existing accreditation to the AFLCA you can now rely on the benefits of a provincially administered, nationally **and** internationally recognized certification! The AFLCA Certified Fitness Trainer provides:

- ✓ \$ 2 million liability insurance coverage
- ✓ FREE additions to your insurance coverage for your employer(s)
- ✓ Fitness Informer e-magazine (three issues per year)
- ✓ Local, regional conferences and workshops *at discounted rates* for continued professional development and education
- ✓ Local, regional office with full-time staff available
- ✓ FREE listing on the **Fitdirectory.ca** for ALL certified members
- ✓ Annual expiration of May 31st for all current CFTs

Please print clearly, this information will be used on accreditation documents and membership files within the Provincial Fitness Unit.

NAME: _____ email: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone # () _____ - _____ Website: _____

Please include these requirements within your CFT accreditation package:

_____ **Copy of current certification** (ACSM, CSEP, NSCA, NFLA)

_____ **CPR Level C -or- HCP** = photocopy of current training (**must be within 1 year of date of issue, regardless of expiry date detailed by original CPR/1st Aid issuing agency** – e.g. on September 1, 2014, CPR must have been issued after September 1, 2013)

_____ **Standard First Aid Training** = photocopy of current training (must be current based on issuing agency's expiration date)

_____ **Payment of \$100.00** = January 31, 2015 to May 31, 2015 (includes \$2 million liability insurance coverage)

_____ **2015/16 CFT certification and insurance fees TBA** = May 31, 2015 to May 31, 2016 (includes \$2 million liability insurance coverage) **If you select this option your Registration will be held in office and activated as of May 31, 2015.**

Please note that the AFLCA will return all incomplete/partial certification packages – PLEASE make certain that **ALL** of the above mentioned requirements are included.

Credit Card # _____

Expiry: ____/____ Name on Credit Card: _____

Signature: _____

MAILING ADDRESS =

Provincial Fitness Unit
Faculty of Physical Education and Recreation
University of Alberta
Edmonton, AB T6G 2H9
PHONE: 780.492.4435
FAX: 780.455.2264

WALK IN ADDRESS =

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www.provincialfitnessunit.ca