

## 2016 ACCREDITED EXERCISE PHYSIOLOGIST (AEP)

**NON NUCAP UG + NUCAP PG**

### ELIGIBILITY

This form is relevant to applicants who;

- have completed a non NUCAP undergraduate qualification AND
- completed a NUCAP post graduate qualification AND
- are applying to join ESSA within two years of graduating from the NUCAP post graduate qualification

*\* NUCAP is the acronym for a National University Course Accredited Program i.e. from a higher education provider 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 satisfy;

1. the ESSA Exercise Science (ES) Standards AND
2. the ESSA Exercise Physiology (EP) Standards including 500 hours of practicum


*To satisfy the Exercise Science (ES) Standards applicants will require either;*

- a. previously held Exercise Science membership with ESSA
- b. a Graduate Entry (GE) assessment letter confirming an 'approved/met all requirements' outcome
- c. a GE assessment letter confirming a 'declined/not yet met requirements' outcome AND the necessary evidence to satisfy the deficits highlighted in the outcome letter
- d. if applicants do not hold any of the above (i.e. a, b or c) they are required to address all of the ES Standards by completing the document in the link provided in Section E (page 8) of this form

*To satisfy the Exercise Physiology (EP) Standards applicants must; Attach evidence of at least 500 hours of practicum in the form of log books and 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 NUCAP post graduate 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](http://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](mailto: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	HIGHER EDUCATION PROVIDER	YEAR COMPLETED

#### ATTACH

-  1. **Certified\*** copy of **your official\*** and **final\*** academic transcript (you may need to order this from the higher education provider) NOTE: **'certified'** means signed by a suitable notary (see *Suitable Notary*). **'official'** means a hard copy from your higher education provider i.e. not downloaded from the university website. **'final'** means the transcript verifies that your higher education provider qualification has been awarded or conferred For transcripts not in English, attach an officially translated copy of your final academic transcript. NOTE: Transcripts must be
-  2. 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 or assessment fee payable upon receipt of your application and the annual membership and/or accreditation fee/s are payable upon approval of your application.

#### C1.0 PROCESSING AND ASSESSMENT FEES

An initial processing fee of \$40 incl GST applies if you; (please tick the relevant option below)

- hold current accreditation as an exercise scientist (AES) i.e. have paid the 2016 fees
- hold a GE assessment letter confirming an 'approved/met all requirements' outcome
- previously held Exercise Science membership with ESSA

An initial assessment fee of \$100 incl GST applies if you; (please tick the relevant option below)

- hold a GE assessment letter confirming a 'declined/not yet met requirements' requiring further study or apparently healthy practicum for assessment
- have not previously applied to ESSA

- 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 decline
- 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 AUTHORISATION

I authorise Exercise & Sports Science Australia to charge the relevant fee for my initial processing or assessment 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 several joining options. Please tick your preferred joining option below;

- |   |   |
|---|---|
| <input type="checkbox"/> I am already a financial Full member for 2016 i.e. have paid the 2016 fees AND wish to become an AEP (including AES)<br>Total fee: \$345 incl GST    | <input type="checkbox"/> I am not a current member/accredited professional of ESSA AND wish to become an AEP (including AES) AND a Full member of ESSA<br>Total fee: \$630 incl GST                       |
| <input type="checkbox"/> I am already a financial AES (includes Full membership) for 2016 i.e. have paid the 2016 fees AND wish to become an AEP<br>Total fee: \$280 incl GST | <input type="checkbox"/> I am not a current member/accredited professional of ESSA AND wish to become an AEP (including AES) without the benefits of Full membership of ESSA<br>Total fee: \$567 incl GST |
|   | <input type="checkbox"/> I wish to take a leave of absence from accreditation.<br>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 one cheque/money order for the initial processing/assessment fee relevant to your current joining status (see C1.0) made payable to Exercise & Sports Science Australia.

\*Please attach a second cheque/money order for the fee relevant to your preferred joining option (see C3.0) 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.

.....  
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)** If accepted as an AEP I certify 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 & 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,<sup>1</sup> \_\_\_\_\_ (name) of  
 \_\_\_\_\_ (address)  
 And of \_\_\_\_\_ (occupation)
2. *Set out matter declared to in numbered paragraphs* <sup>2</sup> "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* <sup>3</sup> Signature \_\_\_\_\_
4. *Place* Declared at <sup>4</sup> \_\_\_\_\_ on <sup>5</sup> \_\_\_\_\_ of <sup>6</sup> \_\_\_\_\_
5. *Day*
6. *Month and year*
7. *Signature of person before whom the declaration is made (see over)* <sup>7</sup> Signature \_\_\_\_\_
8. *Full name, qualification and address of person before whom the declaration is made (in printed letters)* <sup>8</sup> 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- ASSESSMENT OF THE EXERCISE SCIENCE (ES) STANDARDS

You can satisfy the ES Standards using several methods. Please tick the relevant method below and follow the instructions.

### E1.0 DO YOU HOLD CURRENT ACCREDITATION AS AN EXERCISE SCIENTIST (AES) I.E. HAVE PAID THE 2016 FEES?

- NO – if NO please go to E2.0 below
- YES – if YES you have no further evidence to supply for Section E. Please proceed to Section F1.0 of this application.

### E2.0 HAVE YOU PREVIOUSLY HELD EXERCISE SCIENCE MEMBERSHIP WITH ESSA?

- NO – if NO please go to E3.0 below
- YES – if YES please state the year/s you held membership and the full name that was registered

Year/s: \_\_\_\_\_ Registered name: \_\_\_\_\_

You have no further evidence to supply for Section E. Please proceed to Section F1.0 of this application.

### E3.0 DO YOU HOLD AN ESSA GE ASSESSMENT LETTER WITH AN 'APPROVED' OR 'MET ALL REQUIREMENTS' OUTCOME?

- NO – if NO please go to E4.0 below
- YES – if YES please attach a copy of your letter. You have no further evidence to supply for Section E. Please proceed to Section F2.0 of this application.

### E4.0 DO YOU HOLD AN ESSA GE ASSESSMENT LETTER WITH A 'DECLINED' OR 'NOT YET MET' OUTCOME?

- NO – if NO please go to E5.0 below
- YES – if YES please attach a copy of your letter AND the necessary evidence to satisfy the deficits highlighted in your outcome letter then proceed to Section F2.0.

### E5.0 IF NONE OF THE ABOVE METHODS ARE RELEVANT TO YOU, PLEASE PROVIDE EVIDENCE OF SATISFYING THE ES STANDARDS BY COMPLETING THE DOCUMENT IN THE LINK [SECTION E ES STANDARDS AEP NON NUCAP UG + NUCAP PG 2016](#) AND ATTACHING THE RELEVANT SUPPORTING EVIDENCE. THEN PROCEED TO SECTION F1.0.



Please refer to the [ESSA Exercise Science Standards](#) when completing the document [Section E ES Standards AEP non NUCAP UG+NUCAP PG 2016](#). Complete Section E in full and make sure you attach the relevant evidence and submit to ESSA with this form.

- I have completed the ES Standards document and have attached my evidence.



## SECTION F- EVIDENCE OF 500 HOURS OF PRACTICUM

Please refer to the [ESSA logbook template](#), [supervisor forms](#) and [examples](#) for all practicum categories. Please see the [AEP Practicum Guide](#) for further information on logging practicum.

**F1.0 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 F2.0.**



**F2.0 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 F2.1.

**F2.1 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
- b. A supervisor form attached to your logbook for each of the 'other' clinical practicums \* No AEP supervision is required in this category

Proceed to F3.0

## SECTION F- EVIDENCE OF 500 HOURS OF PRACTICUM

**F3.0** 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							
<b>CATEGORY TOTALS</b>							
<b>TOTAL PRACTICUM HOURS</b>							

\*AEP supervision

# SECTION G- 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 - ASSESSMENT OF THE ES STANDARDS \*ATTACH THE RELEVANT EVIDENCE  

6. COMPLETE SECTION F - - 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

**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 45 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