



Accredited Fitness Appraisal Centre Application Form

Name of Facility: _____ Date: _____

Address: _____

City: _____ Province: _____ PC: _____

Phone: _____ Fax: _____

Email: _____

Types of Clients at you Facility: _____

Name of the person in charge of the Facility: _____

Name of Supervising CSEP CEP: _____

Supervising CSEP CEP's position: _____

Names of all Fitness & Lifestyle Counseling & Assessment Personnel:

	CPT	CEP	Other
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The application fee is to be made payable to the **Provincial Fitness Unit**. Payment options include:

Cheque
 Money Order
 VISA
 MasterCard

Card Number: _____ Expiry Date: _____

Name of cardholder: _____ Signature: _____

My signature gives permission for the above named facility to be posted on any of the Alberta CSEP promotional material (i.e. website, newsletters, Fitness Informer, etc.)

Signature of CSEP CEP

Date