

## Memorandum of Understanding

We, the undersigned who represent \_\_\_\_\_ agree to  
(name of facility)

conform to the Alberta CSEP Health & Fitness Program, respecting the following directions as long as our facility is classified as an Accredited Fitness Appraisal Centre by Alberta CSEP:

1. Screen clients before they undergo evaluation tests and have them complete at a minimum a consent form and the PAR-Q.
2. Keeps a complete file on each client who undergoes an evaluation including a copy of the consent form and PAR-Q.
3. Make visible documents that attest to the status of the centre (display the certificate and decals of Alberta CSEP) and the scope of practice of the CSEP CPTs and CEPs.
4. Permit the utilization of the facility name in publication and promotional materials of Alberta CSEP and its regional associations.
5. Provide medical/first aid services in case of emergency.
6. Pay a fee of \$TBA for the first year of accreditation (this includes the fee for the evaluation of the dossier and the visit to the facility).
7. If the CSEP CEP ceases to work at the facility, you must advise the Alberta CSEP office by phone, email or registered mail. The facility will cease the posting of the certificate and decal identifying the facility as being accredited until the CSEP CEP has been replaced.
8. The facility would permit a representative of the Alberta CSEP office to return to visit the site with prior notice.

We understand that any violations of the memorandum of understanding would give the provincial committee the right to revoke the accreditation of the centre.

\_\_\_\_\_  
CSEP CEP

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative of the Facility

\_\_\_\_\_  
Date

\_\_\_\_\_  
CSEP H&F Representative

\_\_\_\_\_  
Date



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CSEP CEP

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Date

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Representative of the Facility

\_\_\_\_\_  
Date

\_\_\_\_\_  
CSEP H&F Representative

\_\_\_\_\_  
Date