



AFLCA Recertification Package

NAME: (will be displayed on certificate) _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

I am submitting all of the following documents for AFLCA Recertification:

Current CPR Certification issued within the last 12 months Issue date: _____

3 Page Practical Assessment signed by a current AFLCA Trainer/Assistant Trainer

**Please note: Practical Assessments are only required on your first recertification for each specialty.*

Recertification Fee Payment (below)

\$140

Late Fee (if applicable):

2– 6 months late: \$50

7-12 months late: \$100

**Please note: if your documents are over 12 months late, please contact the AFLCA office regarding next steps.*

Proof of 12 CEC's (Check all that apply):

AFLCA Event within recert period

Perspectives Conference _____ (Year)

Fit Rendezvous _____ (Year)

Other: _____

OR:

AFLCA Approved CEC courses:

Course Codes or names (i.e. CEC 21834)

AND/OR:

Petition Application

(for non-AFLCA approved courses)

Petition Application Approval Email (sent from AFLCA after course approval)

I verify that I have provided all required documents and recertification payment. I understand that if submitted early, my documents will not be processed until the month of my recertification.

Signature: _____

Date: _____

AFLCA Recertification Fee:

Amount: _____

Type of Payment: VISA MasterCard Cheque/Money Order

Credit Card Number: _____ Name of Cardholder: _____

Expiry Date: ____/____ CVC: _____

Mail:
AFLCA/Provincial Fitness Unit
Percy Page Centre
11759 Groat Road—3rd Floor
Edmonton AB T5M 3K6

Fax:
(780) 455-2264

Email:
info@provincialfitnessunit.ca