



**Accredited Fitness Appraisal Center Application Package  
For the Canadian Society for Exercise Physiologists**

## Alberta CSEP-HFP

The Alberta Canadian Society of Exercise Physiologist Health and Fitness Program (CSEP-HFP) is a not-for-profit organization with almost a thousand members consisting of CSEP Certified Personal Trainers and CSEP Certified Exercise Physiologists.

What is the role of the Accredited Fitness Appraisal Centre (AFAC)?

AFACs promote the Alberta-CSEP Health & Fitness Program and inform the public of its high standard in fitness appraisal along with exercise and lifestyle counseling. A wall certificate and door label is issued for the facility to display the Alberta CSEP accreditation to the public. AFACs are also encouraged to acknowledge the accreditation in commercial advertising.

### **Benefits of being a CSEP Accredited Fitness Appraisal Centre (AFAC):**

The Provincial Fitness Unit sends newly accredited centres a framed certificate to proudly display within the centre as well as door stickers that show the AFAC crest to the public entering the facility.

All AFACs are listed on our website [www.provincialfitnessunit.ca](http://www.provincialfitnessunit.ca) and your employees can promote their services through our Online Directory.

The Provincial Fitness Unit receives numerous calls from people requesting the names of fitness facilities that provide quality fitness appraisals and fitness services; we provide them with the names and addresses of only our AFACs! As well, new CSEP CPTs and CSEP CEPs are informed of the AFACs within Alberta and are aware that these centres hire individuals with CSEP CPT and CSEP CEP certification.

The AFAC accreditation brings more marketability to accredited centres as people are assured that all appraisers have met the Canadian standards for exercise appraisal at your centre. As the public becomes more educated on the importance of active living and exercise, they will also become more aware of protocols and safety standards that they will want to see within their facilities.



## 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 \$250.00 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



## Facility Description

### Please give a detailed description of your facility

(Make photocopies if you are requesting accreditation at two or three facilities)

Describe the different modes of intervention and services offered to your clientele in the following areas:

1. The personnel who intervene directly with your clientele.
  - a. Indicate the education/training of personnel who work with your clients other than CSEP-HFP members.
  - b. Indicate the education/training of:
    - i. The individuals who evaluate physical fitness
    - ii. The individuals who prescribes exercise or training
2. Evaluation of physical fitness.
  - a. Indicate the type of questionnaire used to stratify the cardiovascular risk of a client.
  - b. Indicate whether the Canadian Physical Activity, Fitness and Lifestyle Approach is used in you evaluations. (Circle one please)  
Yes    or    No  
If no, specify which tests you use.
  - c. Indicate the types of tests used for evaluating the different components of physical fitness.
    - i. Body composition
    - ii. Aerobic
    - iii. Muscular strength and endurance
    - iv. Flexibility
  - d. Indicate the norms utilized to compare results of tests.
  - e. Indicate whether a consent form is used at the time of physical fitness evaluations.
  - f. Indicate the type of equipment used when evaluating:
    - i. Aerobic capacity
    - ii. Muscular strength and endurance
    - iii. Flexibility
  - g. Indicate whether your exercise programs are prescribed.
    - i. After a complete evaluation of determinants of physical fitness.  
(Circle one please)  
Yes    or    No
    - ii. Without a complete evaluation of determinants of physical fitness.  
Please specify why or why not.

3. Training environment and equipment

a. Indicate the type of equipment available for training

i. Aerobics

	Apparatus	Make	Year
Aerobic			
Muscular			
Free Weights			
Stretching			
Functional exercises			
Other			

ii. Weight Training

iii. Body-weight supported exercises

b. Indicate whether there is a space dedicated for flexibility exercises.

4. Space for fitness evaluations

a. Indicate whether there is a space dedicated for evaluating physical fitness and whether it is back from areas, well-ventilated, and sheltered from view.

b. If you respond no, describe the space where you carry out the evaluations

5. Safety

a. At the time of floor supervision

i. Indicate the procedures that are put in place for supervision of clients.  
(Program, correction of execution of exercises)

b. At the time of physical fitness evaluations

i. Indicated the procedures put in place for stratifying cardiovascular risk.

ii. Indicate whether the criteria for stopping tests are in adequate view.  
(Circle one please)

Yes or No

iii. Indicate whether blood pressure is used to evaluate clients of moderate risk.

iv. Indicate whether an ECG is used to evaluate clients of moderate risk or who have disease. (Circle one please)

Yes or No

v. Indicate the procedures in place in case of emergency and put this plan in an appendix.

c. At the time of prescribing exercise

i. Indicate the procedures put in place for securing the exercise prescription.

d. Indicate whether you can count on a medical contract if needed. (Circle one please)  
Yes or No

e. Indicate whether all personnel who work with clients have their CPR.  
(Circle one please) Yes or No

f. Indicate whether all personnel who work with clients have First Aid training.  
(Circle one please) Yes or No

- g. Indicate whether your facility has an automated defibrillator.  
(Circle one please) Yes or No  
If no, why not?

Do you anticipate having one in the near future?

6. Services of personnel

- a. Indicate the times when CSEP CEP services are available.
- b. Itemized the CSEP CEP services that you make available to your target clientele.
- c. Indicate how you follow clients and communicate with their medical doctor.



## 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 \$250.00 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 decals identifying the facility as being accredited.
8. The facility would permit a representative of the Alberta CSEP office to return to visit the site with at least 24 hours 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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Date

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CSEP H&F Representative

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Date