

EXAM REGISTRATION

Registration Deadline is 14 DAYS PRIOR to Exam Date.
(Allow sufficient time for mailing.)

EXAM DATE: _____

EXAM LOCATION: _____

(Refer to Exam Site Listing.)

Workshop Information:

Course Reference Number: _____

Agency Name: _____ Date of Course: _____

Trainer: _____ Trainer's
Signature: _____

NOTE: Exam Registration will be returned if applicant does not have Trainer's signature for **each** exam they are registering for.

(Please Print Clearly)

_____ (Name)

_____ (Street Address)

_____ (City)(Province)

_____ (Postal Code)

Phone (H) _____
(W) _____ (E-MAIL) ** this is needed for your exam confirmation**

The information on this form will be used for administration and to notify registrants of exam results.

I wish to write the following exam(s):

- Exercise Theory **and/or** Group Exercise
 Aquatic Exercise
 Fitness For The Older Adult
 Resistance Training

You can register for a maximum of 2 Exams at one sitting.
If unsuccessful at your first attempt, you have supplemental attempts at the exam(s).

To the best of my knowledge, the information on this form is correct.

SIGNATURE OF REGISTRANT: _____

DATE: _____



Provincial Fitness Unit
c/o AFLCA
Faculty of Physical Education &
Recreation
University of Alberta
Edmonton, AB T6G 2H9

TEL: (780) 492-4435
FAX: (780) 455-2264

IF YOU ARE WRITING A SUPPLEMENTAL AND/OR CHALLENGE EXAM(S), FILL THIS SIDE OUT ALSO.

SUPPLEMENTAL EXAMS

I did not received 80% on my first exam and wish to re-register to write the following supplemental exam(s): (Include \$25 for **each** exam)

- | | |
|--|--|
| <input type="checkbox"/> Exercise Theory and/or | <input type="checkbox"/> Group Exercise |
| | <input type="checkbox"/> Aquatic Exercise |
| | <input type="checkbox"/> Fitness For The Older Adult |
| | <input type="checkbox"/> Resistance Training |

SUPPLEMENTAL EXAM DATE: _____ **(Refer to Exam Site Listing)**

SUPPLEMENTAL EXAM LOCATION: _____

CHALLENGE EXAMS I wish to challenge as an: (Please Check One)	I have attached the following documents to qualify for challenging:	I qualify to challenge the following:
<input type="checkbox"/> AFLCA / Out of Province Expired Certification (Longer than three years)	Copy of Expired AFLCA Certificate	<ul style="list-style-type: none"> ▪ Exercise Theory ▪ Specialty Previously Held
<input type="checkbox"/> YMCA Current Certification	Copy of Current YMCA Certificate	<ul style="list-style-type: none"> ▪ Exercise Theory ▪ Specialty Currently Held
<input type="checkbox"/> YMCA Expired Certification	Copy of Expired YMCA Certificate	<ul style="list-style-type: none"> ▪ Exercise Theory ▪ Specialty Previously Held
<input type="checkbox"/> YWCA Current Certification	Copy of Current YWCA Certificate (Exempt from the Exercise Theory and Group Exercise Exams)	<ul style="list-style-type: none"> ▪ Specialty Currently Held
<input type="checkbox"/> YWCA Expired Certification	Copy of Expired YWCA Certificate	<ul style="list-style-type: none"> ▪ Exercise Theory ▪ Specialty Previously Held
<input type="checkbox"/> Other Certification Expired Certification	Copy of Expired Certificate and Training Course Outline	<ul style="list-style-type: none"> ▪ Exercise Theory ▪ Specialty Currently Held
<input type="checkbox"/> Other Certification Current Certification	Copy of Training Course Outline and Verification of Completion	<ul style="list-style-type: none"> ▪ Exercise Theory ▪ Specialty Currently Held
<input type="checkbox"/> Degree/Diploma	Copy of Bachelor Degree in Physical Education (or equivalent degree/diploma) with transcripts showing Anatomy and Physiology (course equivalents for specialty training may be considered - contact the AFLCA Office)	<ul style="list-style-type: none"> ▪ Exercise Theory

CHALLENGE EXAMS ARE \$107.00 EACH
A cheque, money order, visa or mastercard number must be enclosed with your application.

To the best of my knowledge, the information on this form is correct.

PAYMENT OPTIONS:

- Cheque or Money Order enclosed (Payable to AFLCA)
 Visa / Mastercard

Credit Card Number: _____ Expiry Date: _____

Name on card: _____ Signature: _____