



## GROUP EXERCISE SPECIALTY LEADER CERTIFICATION REGISTRATION

The information below will be reflected in all AFLCA documents, files and communication – print clearly.  
**Please allow 4-6 weeks for processing.**

<b>NAME (displayed on certificate):</b> _____
<b>ADDRESS:</b> _____
<b>CITY:</b> _____ <b>PROVINCE:</b> _____ <b>POSTAL CODE:</b> _____
<b>PHONE (HOME):</b> _____ <b>(WORK):</b> _____
<b>EMAIL:</b> _____

**Please include all items on the checklist, the AFLCA will return all incomplete applications:**

- \_\_\_\_\_ A signed practical assessment for one designation area completed by an AFLCA Trainer or Assistant Trainer (for additional designations a second practical assessment is not required)
- \_\_\_\_\_ A signed designation course completion and participant assessment form (completed by the Trainer/Facilitator)
- \_\_\_\_\_ Photocopy of C.P.R. certification (current within 1 year from the date of issue)
- \_\_\_\_\_ Certification Fees: \$140.00 (\$25 for an additional specialty, Exercise Theory is not a Specialty)
- \_\_\_\_\_ Exam results (office will verify these results, please provide correct information):  
  
\_\_\_\_\_ % Exercise Theory Exam Result \_\_\_\_\_ % Group Exercise Specialty Exam Result

---

<input type="checkbox"/> <b>AFLCA Certification fee: \$140.00 (Designation(s) are included in this fee)</b>
<input type="checkbox"/> <b>AFLCA Additional Specialty fee: \$25.00 (Resistance Training / Older Adult / Aquatic Exercise)</b>
<b>TOTAL AMOUNT:</b> _____
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque/Money Order (made payable to: AFLCA)
Credit Card Number: _____
Expiry Date: ____/____ Name of cardholder: _____
Signature: _____