

# CFES Active Aging Instructor Course National Certification Application Form (CAF)

The CFES Certification Application Form (CAF) is the record of completion for your national Active Aging Instructor Instructor (AAI) course and certification requirements. We have provided **two copies of the CAF** for you to fill in (one to keep in booklet, one to submit). It your responsibility to maintain the CAF for record keeping.

**CAF Directions**

1. **Section 1:** Fill in student contact information
2. **Section 2:** Provide educator with fitness theory document indicating successful completion (CFES or equivalent) and have educator sign their name as you complete, submit or pass each of the AAI course requirements below.
3. **Section 3 + 4:** Have educator sign their name as you complete, pass, submit, each AAI national certification requirement below. Student signs CFES Professional Code of Honour (COH) agreement on back of CAF. Submit to educator COH, exam, marking and membership fees which are then submitted to CFES office.
4. Set appointment for CFES Instructor Skills Assessment (ISA) with your CFES Educator or ISA Evaluator. Bring ISA form to evaluation. Evaluator will fill in, sign, date and return to you. Submit completed ISA form along with national evaluation form direct to CFES office (fax, mail or a scan).
5. CFES will electronically send your CFES National AAI Certification and membership information.

**Section 1: Student Contact Info**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Course Location: \_\_\_\_\_ CFES Educator: \_\_\_\_\_ Submission date: \_\_\_\_\_

**Section 2: CFES AAI National Course & Certification Requirements Record of Completion**

Educator to check off (✓) Sign off + Date. Provide Re-do directions on Re-do form if required.

	Passed	Educator Signature	Date
<b>Prerequisite</b> Fitness Knowledge Course, or equivalent	_____	_____	_____
<b>Requirements</b>	Passed/Re-Do	Educator Signature	Date
<b>AAI Course</b>			
100% Course Attendance	_____	_____	_____
Assignments	_____	_____	_____
Open Book Course Exam	_____	_____	_____
Comprehensive Lesson Plan	_____	_____	_____
Evaluation Form(s)	_____	_____	_____
Practicum Program	_____	_____	_____
Current CPR A + First Aid	To retain CFES instructor certification candidate must sign COH agreeing to maintain these certifications and is clear if any certification/recertification requirements lapse certification will be considered null and void.		
National Certification Exam*	_____	_____	_____
Skills Assessment*	_____	_____	_____
CAF, COH, Fees	_____	_____	_____
Certification Evaluation Form*	_____	_____	_____

### Section 3: CFES Active Aging Instructor Professional Code of Honour

I, the undersigned, have read, clearly understand and agree with the CFES Active Aging Instructor Code of Honour, certification and re-certification requirements, Profession Ethics and Conduct Guidelines, Scope of Practice and liability requirements. If I allow any of CFES Active Aging Instructor certification and re-certification requirements lapse, my certification/re-certification will be considered instantly null and void.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 4: CFES Membership and Certification Payment Details

Your first CFES membership is valid for one year. Upon renewal CFES will offer one and two year options for your associate or certification membership fee

Please tick (✓)

		<b>Fees*</b>
<b>A. CFES Certified Member</b>		\$120.00
Pass CFES course, national closed book exam, instructor skills assessment and certification requirements	GST	\$6.00
(CFES Group Fitness Instructor, Active Aging Instructor, or Personal Trainer Certification Exam)	Total	\$126.00 <input type="checkbox"/>
or		
<b>B. Additional CFES designation certification exam</b>		\$70.00
	GST	\$ 3.50
	Total	\$73.50 <input type="checkbox"/>
or		
<b>C. Cross-Transfer Certification</b>		\$70.00
Candidates who have certification(s) of equal merit are recognized by CFES can cross-transferred to CFES certification(s). CFES recognizes NFLA, YMCA and CALA certification designations.	GST	\$ 3.50
Receive full membership benefits and national certification recognition. Candidates who have certifications from other agencies may contact CFES for to review and determine your qualifications.	Total	\$73.50 <input type="checkbox"/>
We review your credentials, education and experience.		

Certificates are issued electronically.

Signature: \_\_\_\_\_

Tick One (✓):  Cheque or Money Order  Visa  MasterCard

Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

*There is a \$10.00 charge for NSF cheques, repayment must be by certified cheque or credit card.*

Notes: