



# CFES National Fitness Leadership Educator Certification Application Form

1. Please complete the applicable sections of this form.
2. Certification candidates: read and agree to and sign CFES Certification Code of Honour for each designation you are applying for.
3. *Note: You can not save a completed copy of this form on your computer. Please fill it in and print for your records.*
4. Submit all forms and required credentials either by: scan and email; print and fax or mail to our offices.
5. Once CFES receives and approves your application and qualifications we will email your Certification certificate(s) for each designation you have applied for. If you have any questions feel free to email or call us.

## Section 1: Contact Information

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

Mailing Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

## Section 2: Certification Designation

Tick all certification designation(s) you are applying for (√)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Group Exercise Instructor | <input type="checkbox"/> Weight Training Instructor | <input type="checkbox"/> Aquafit Instructor          | <input type="checkbox"/> Yoga Instructor |
| <input type="checkbox"/> Seniors Instructor        | <input type="checkbox"/> Personal Trainer           | <input type="checkbox"/> Skills Assessment Evaluator |  |
| <input type="checkbox"/> Presenter                 | <input type="checkbox"/> Educator                   | <input type="checkbox"/> Management                  |  |

## Section 3: Qualifications and Credentials

Please Tick all (√) your qualifications and submit copies of proof of completion documentation for same:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1. Fitness Theory Course   | <input type="checkbox"/> 3. Practicum Program            | <input type="checkbox"/> 5. National Exam                               |
| <input type="checkbox"/> 2. Instructor/PT Course(s) | <input type="checkbox"/> 4. Instructor Skills Assessment | <input type="checkbox"/> 6. CFES Code of Honour (for reach designation) |

Education: \_\_\_\_\_ Years of Fitness Industry Experience: \_\_\_\_\_

Other fitness related certifications, credentials and courses: \_\_\_\_\_

## Section 4: CFES Code of Honour and Certification Payment Details

I, the undersigned, have read, clearly understand and agree with the CFES Educator 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 Educator certification and re-certification requirements lapse, my certification/re-certification will be considered instantly null and void.

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

There is no fee for Educator membership and certification. We value your contribution to both CFES and the Fitness Industry.