



Application for Accreditation of a Fitness Appraisal Centre (AFAC)



Administered in the Atlantic Provinces by Fitness New Brunswick (FNB), on behalf of the Health & Fitness Program of the Canadian Society for Exercise Physiology (CSEP).

Return completed application to:

Fitness New Brunswick
1216 Sand Cove Road, Unit 2
Saint John, New Brunswick
E2M 5V8
Tel: (506) 672-1993 Fax: (506) 672-8762
E-mail: membershipservices@fitnessnb.ca
Web site: www.fitnessnb.ca

Application for Accreditation of a Fitness Appraisal Centre (AFAC)

Name of Institution: _____

Full Mailing Address: _____

Telephone: _____ E-mail: _____

Name of CEP and Position within Organization/Facility: _____

Do not fill in this area. For Office Use Only.

Date of Inspection:

Atlantic CSEP H&FP Inspector:

Name:

Inspection Results:

Accredited

Not Accredited

Comments:

Signature:

Date:

Requirements

For a facility to be considered for Accreditation, a CEP employed at the centre must submit the following:

1. Completion of all parts of the application which includes:
 - the objectives of the program.
 - the role of the CEP in the structure of the organization (submit your structure with the application).
 - qualifications of the staff who conduct the appraisals (to be filled in on space provided).
 - test utilized (to be checked).
 - test procedures listed in the order that they are administered (to be submitted).
 - testing equipment available.
 - emergency procedures followed.
 - emergency equipment available.
 - screening and safety procedures.
 - signs for termination of test (submit with application).
 - counselling and prescriptive procedures (to be submitted).
2. A signed copy of the Memorandum of Agreement (see attached).
3. A copy of all literature supplied to the client including the consent form completed by clients.
4. A non-refundable application fee of \$50.00

The Atlantic CSEP Health & Fitness Program will require an on-site visitation of the centre by its representative prior to accreditation. Once all provincial requirements are met accreditation will be granted on receipt of the \$115.00 (includes HST) accreditation fee.

Forward all documents and payment to:

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2. Role of the CEP in the structure of the organization.

Please provide a schematic diagram of the administrative structure of your facility including the position of the Certified Exercise Physiologist (CEP). Please outline the duties and responsibilities of the CEP who will be overseeing the fitness appraisal centre.

3. Qualifications of the staff who administer the appraisals. (Must be a CEP or CPT)

	Name	Qualifications
1.		
2.		
3.		
4.		
5.		

4. Test Utilized (please check)

Anthropometric

- Height
- Weight
- Somatotyping
- Girth measurements (specify):
- Bone width and skeletal measurements (specify): _____

Body Composition

- CPAFLA method (BMI, sum of skinfolds, waist girth, sum of trunk skinfolds)
- Solan- Weir % fat
- Durnin-Womersley % fat
- Jackson-Pollock % fat
- Yuhasz % fat
- Hydrostatic weighing
- Other (specify): _____
- Height/weight/age scales (specify): _____

Lung Function

- FVC
- FEV 1.0
- FEV 3.0
- Others (specify):

ECG

- CM5 (lead II for heart rate only)
- 12 lead
- Other (specify):

Heart Rate and Blood Pressure

- Pre-test heart rate
- Heart rates during exercise
- Post-test recovery heart rate
- Pre-test blood pressure
- Blood pressure during exercise
- Post-test recovery blood pressure
- Other (specify):

Aerobic Power

Treadmill

- Bruce Test
- Balke Test
- Other (specify):

Step

- CAFT (part of CPAFLA)
- Other (specify):

Cycle Ergometer

- Astrand-Rhyming
- PWC 170
- Other (specify):

Field Tests

- Leger 20 Metre Shuttle Run
- Cooper 12 minute run
- Other (specify):

Direct Aerobic Power Assessment

- gas collection and analysis (specify equipment):

Anaerobic Power

- Wingate Cycle Ergometer Test
- Cunningham and Faulkner Treadmill
- Margaria Stair Climbing Test
- Other (specify):

Muscular Strength and Endurance

- Hand grip
- CPAFLA partial curl-ups
- CPAFLA push-ups
- CPAFLA power jumps
- 1RM method (specify): _____
- Standard Load Test (specify): _____
- Cybex (specify): _____
- Cable Tensiometer (specify): _____
- Other (specify):

Flexibility

Performance Tests

- CPAFLA trunk forward flexion
- Stand, reach and hold
- Trunk rotation
- Other (specify):

Goniometer

- Ankle flexion and extension
- Wrist flexion and extension
- Other (specify):

Flexometer

- Hip flexion and extension
- Wrist flexion and extension
- Ankle flexion and extension
- Other (specify):

Paper and Pencil

- Par-Q
- Par-medX
- Consent form (attach a copy)
- Lifestyle questionnaire (attach a copy)
- Other (specify):

Optional Tests

- Hemoglobin
- Hematocrit
- Lactate
- Plasma cholesterol
- Plasma glucose
- Plasma protein
- Plasma triglyceride
- Nutrition analysis
- Other (specify):

Comparative Norms

Norms should be specific to the protocol used. If not, specify the norms used for specific protocol (attach if necessary).

5. Test Procedures

Please include your standard appraisal procedures in an appendix (listed in the order administered).

6. Testing Equipment (please check)

- Weight scale
- Lead II ECG
- Height scale
- 12 lead ECG
- Tape measure
- Electrodes
- Bone width calipers
- Oscilloscope
- Skin fold calipers
- Treadmill
- Metronome
- Bicycle ergometer
- Lab timer
- STF steps
- Sphygmomanometer
- Rating of perceived exertion scale
- Stethoscope
- Expired gas collection and analysis system
- Sit and reach flexibility board
- Hand grip dynamometer
- Cybex dynamometer
- Hydrostatic weighing facility
- Spirometer
- Blood pressure apparatus
- Other (please list):

7. Emergency Procedures

Include your procedures in an appendix.

8. Emergency Equipment (please check)

- Oxygen
- Defibrillator
- Drug kit (attach a copy of list)
- Stretcher
- Emergency phone system
- First aid kit
- Other (specify):

9. Screening and Safety Procedures (please check)

- All testers have CPR
- Medical History (attach questionnaire)
- Par-Q screen
- Par-X screen
- Consent Form (attach)
- Other screening questionnaires or procedures (attach)
- Warm-up and cool-down
- Medical liaison: In what capacity? (e.g.. consultant, emergencies, ECG readings)

Name of Medical Liaison: _____

Telephone Number: _____

10. Signs for Terminating Tests

Include in an appendix (specify physical signs, blood pressure responses, etc.).

11. Counselling and Exercise Prescription Procedures

Include in a appendix (1) who provides counselling and exercise prescription (names and qualifications) (2) the procedures or methods used when providing counselling and exercise prescription services (i.e. is an appraisal required? recommended? how detailed is the prescription? etc.) (3) and literature or materials that are provided to clients.

Memorandum of Agreement

We, the undersigned, as representatives of _____ (name of fitness institution) agree to abide by the following Health & Fitness Program guidelines while under active status as an Accredited Fitness Appraisal Centre.

1. Screen all clients prior to an appraisal using a minimum of an informed consent form like that used in the CPAFLA, and the PAR-Q.
2. Maintain records of all clients tested including PAR-Q and consent form.
3. Provide facilities, services and programs that encourage and facilitate safe fitness appraisals and exercise advise.
4. Display centre recognition (AFAC door decal and certificate) and personnel qualifications (CEP and CPT) in a prominent location.
5. Provide emergency procedures at all times.
6. Pay and annual re-accreditation fee.
7. Inform the provincial Health & Fitness Program office by telephone and registered letter if the CEP terminates employment. According to the Business Practices Act, Chapter 55, Section A, item 2, it is illegal to display AFAC decals and certificates should your centre not renew its accreditation, or for any reason not rehire another CEP. In such cases the centre must remove the AFAC decal from the door and return the certificate to the provincial office.
8. Allow for an on-site visitation of the facilities by a provincial Health & Fitness Program representative following a 24-hour notification.

We understand that failure to comply with these guidelines is adequate reason for the Atlantic CSEP Health & Fitness to revoke accreditation.

Professional Fitness and Lifestyle Consultant/Certified Exercise Physiologist

Signature: _____
Date: _____

Board of Directors Representative

Signature: _____
Date: _____

Atlantic CSEP H&FP Representative

Signature: _____
Date: _____