

Certification Application Form

Please check program and type of certification applying for (only one choice per column):

Program Type

- | | |
|---|---|
| <input type="checkbox"/> Arthritis Foundation Aquatic Program | <input type="checkbox"/> Leader Certification |
| <input type="checkbox"/> Arthritis Foundation Aquatic Program for JA | <input type="checkbox"/> Instructor Certification |
| <input type="checkbox"/> Arthritis Foundation Exercise Program | <input type="checkbox"/> Leader Recertification |
| <input type="checkbox"/> Arthritis Foundation Self-Help Program | <input type="checkbox"/> Instructor Recertification |
| <input type="checkbox"/> Spanish Arthritis Self-Management Program | <input type="checkbox"/> Trainer Recertification |
| <input type="checkbox"/> Arthritis Foundation <i>Walk With Ease</i> Program | |

Please fill in completely. Type or print neatly.

FULL NAME (LAST, FIRST, MIDDLE INITIAL)

DATE OF BIRTH (M/D/Y)

DAYTIME PHONE NUMBER

EMAIL ADDRESS

Your Mailing Address

CITY

STATE

ZIP CODE

YOUR LOCAL ARTHRITIS FOUNDATION CHAPTER:

Training Requirement

I completed the Arthritis Foundation Leader/Instructor/Train-the-Trainer Training/Recertification Workshop on
(dates attended) ___/___/___ to ___/___/___ in (city, state) _____
at (site location) _____ by (trainer(s) name) _____

Teaching Requirement

I taught my required classroom experience (a minimum of six class sessions within 6 months of
training or one AF leader/instructor workshop within 6-12 months of Train-the-trainer training) on
(starting date) ___/___/___ to (ending date) ___/___/___ at (name and address of facility):

Arthritis Foundation Aquatic Program INSTRUCTOR Certification Requirement

(note if you do not meet this requirement but do meet the training and teaching requirements, you will be certified as an Arthritis Foundation Aquatic Program LEADER)

Do you have a current YMCA or Red Cross or nationally recognized lifeguard or water safety/ rescue certification?

Yes No. If yes, expiration date: _____