



Certification Application Form

Arthritis Foundation, Michigan Chapter

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

PROGRAM

- Arthritis Foundation Aquatic Program
- Arthritis Foundation Aquatic Program for Deep Water
- Arthritis Foundation Aquatic Program for JA
- Arthritis Foundation Exercise Program
- Arthritis Foundation Self-Help Program
- Arthritis Foundation Tai Chi Program
- Stanford Chronic Disease Self-Management Program (PATH)

TYPE

- Leader Certification
- Leader Recertification
- Instructor Certification
- Instructor Recertification
- Trainer Certification
- Trainer Recertification

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 _____

1. 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) _____

2. Teaching Requirement

I taught my required classroom experience (a minimum of six class session within 6 months of training) on (starting date) ____ / ____ / ____ to (ending date) ____ / ____ / ____ at (name and address of facility): _____

Send this completed and signed form, along with a Program Record Form documenting that you taught six classes, to the Arthritis Foundation Michigan Chapter office.

3. Arthritis Foundation Aquatic Program INSTRUCTOR Certification Requirement (NOTE TO AQUATIC LEADERS: if you do not meet this requirement, but you do meet the training and teaching requirements, you will be certified as an Arthritis Foundation Aquatic Program LEADER rather than INSTRUCTOR.)

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

Yes No. If yes, expiration date: _____

Leader/Instructor/Trainer Letter of Agreement

I agree to abide by all rules and regulations for the Arthritis Foundation program in which I am seeking certification as set forth in the *Statement of Understanding*, the *Arthritis Foundation Program Leader/Instructor's/ Trainer's Position Descriptions*, *Program Guides* and the *Guidelines and Procedures Manuals*, including but not limited to the following:

1. Ensure that all programs/classes/training workshops are in collaboration with the Arthritis Foundation as documented in a co-sponsorship agreement with the host agency.
2. Remain in good standing by teaching at least six Arthritis Foundation program sessions at an approved site (or if a trainer, teach one workshop) within six months of training; teaching at least one class/workshop per year; reporting participant data from these classes/workshops; and undergoing recertification training every 3 years.
3. Follow the standardized program/training workshop curriculum and abide by program copyrights to not offer in its entirety or use any part of the program manuals and material, except under its official program title.
4. Ensure that Participant Release Forms are signed by and collected from every new class participant and submitted to the Arthritis Foundation.
5. Ensure that the full Arthritis Foundation program name and logo are included in all marketing of this program.
6. Uphold and maintain all Arthritis Foundation program policies and procedures, acting at all times in a manner to protect the safety of program participants and the interests of the Arthritis Foundation.

I certify that the information provided in this application form is correct and I have read and fully understand the Leader/ Instructor/Trainer Agreement as presented above. I also understand that failure on my part to adhere to this agreement and to other program policies and procedures can result in loss of my status as an approved Arthritis Foundation Leader/Instructor/Trainer.

Print Name of Leader/Instructor/Trainer Applicant

Date

Signature