

OFC



Fitness Leader Transfer of Certification

Ontario and National

Ontario Fitness

C O U N C I L

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Transfer of Certification Forms

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**Ontario Fitness Council
Fitness Leader Certification Program
Application for Transfer of Certification Form
- Within Ontario -**



Participant Information (Please print clearly)

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel/Bus: _____ Tel/ Home: _____

Date of Birth: _____ Email: _____

Please ensure that you have completed the following procedures:

- ATTACH A PHOTOCOPY OF YOUR CURRENT FIRST AID CERTIFICATION
- ATTACH A PHOTOCOPY OF YOUR CURRENT CPR CERTIFICATION
- ATTACH A COPY OF YOUR CERTIFICATE INDICATING SUCCESSFUL COMPLETION OF THE NFLAC EXAM
- ATTACH SIGNED PAR-Q FORM
- PROVIDE SPECIFIC DETAILS FOR YOUR PRACTICAL ASSESSMENT IN THE SPACE PROVIDED BELOW
- INCLUDE PRACTICAL ASSESSMENT FEE OF \$90 + TRAVEL EXPENSES @ \$0.29/KM
- INCLUDE TRANSFER FEE OF \$_____

(Note: Please return this completed form at least two (2) weeks prior to your assessment date)

Please complete the following section if you have chosen option [B] for your recertification:

Date of Assessment: _____ / _____ / _____ Class Start Time: _____

Location (City & Facility Name): _____ / _____

Name of Assessor: _____

(Note: Please also attach signed ParQ Form to this application if completing an assessment)



Transfer of Certification Within Ontario

METHOD OF PAYMENT:

(Complete this Registration Form carefully for accuracy and completeness)

Method of Payment

Payments are accepted by cheque or money order only, payable to Fitness Practitioners Association of Ontario and mailed to the address shown below.

Date _____ Signature _____

Mail or fax completed registration form and payment to:

Ontario Fitness Council
35 Revelstoke Cres.
Richmond Hill ON L4B 4T2

Bus: 800-716-6716
Fax: 905-738-7797
Eml: admin@ofc-fpao.com
Webpage: www.ofc-fpao.com

Thank you for choosing the Ontario Fitness Council for your Fitness Leader Certification.



**Ontario Fitness Council
Fitness Leader Certification Program
Application for Transfer of Certification Form
- From Outside Ontario -**



Participant Information (Please print clearly)

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel/Bus: _____ Tel/ Home: _____

Date of Birth: _____ Email: _____

Please ensure that you have completed the following procedures:

- ATTACH A PHOTOCOPY OF YOUR CURRENT FIRST AID CERTIFICATION
- ATTACH A PHOTOCOPY OF YOUR CURRENT CPR CERTIFICATION
- ATTACH A COPY OF YOUR CERTIFICATE/CARD CONFIRMING YOUR CURRENT CERTIFICATION
- INCLUDE TRANSFER FEE OF \$ _____

METHOD OF PAYMENT:

(Complete this Registration Form carefully for accuracy and completeness)

Method of Payment

Payments are accepted by cheque or money order only, payable to Fitness Practitioners Association of Ontario and mailed to the address shown below.

Date _____ Signature _____

Mail or fax completed registration form and payment to:

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