



**CSEP – PROFESSIONAL FITNESS & LIFESTYLE CONSULTANT  
& CERTIFIED EXERCISE PHYSIOLOGIST**

**April 1, 2007- March 31, 2008-Summary Page**  
Option #2 By Mail/Fax (4 pages)

Your valued status as a Professional Fitness & Lifestyle Consultant/Certified Exercise Physiologist with CSEP will be expiring soon or has already expired. To retain your active status or to reinstate your status as a PFLC/CEP you must meet the criteria as outlined below and by completing the PFLC/CEP renewal form on the following pages.

**Note:** All CSEP-PFLC and CSEP CEP renewals from **April 1, 2007 to March 31, 2008** will be administered from Ontario Society for Health & Fitness (OSHF, new name) within the CSEP head office. Please mail or fax your renewal documents and membership fee to: **The Canadian Society for Exercise Physiology (CSEP), 202-185 Somerset Street West, Ottawa, Ontario, K2P 0J2, Tel: 613 234-3755, Toll Free: 1 877 651-3755, Fax: 613 -234-3565, Membership-Nicole ext. 221, Email: [nleon@csep.ca](mailto:nleon@csep.ca) and the Ontario Executive Director-Kira Grigoriev ext. 225, Email: [kira@csep.ca](mailto:kira@csep.ca).**

**Payment:** May be made by phoning in your visa/master card/american express number, mailing a money order or personal cheque to the CSEP office or faxing this information on the renewal form. A receipt will be mailed to the address you submitted on your renewal form.  
**PLEASE MAKE YOUR CHEQUE PAYABLE TO THE CSEP.**

**Professional Development Credits (PDC's):**

- PFLCs/CEPs must obtain 30 Professional Development Credits over a two-year period. Credits may not be carried over into the next two-year collection period, if more than 30 PDCs are attained. Contact the Ontario office for a copy of the PFLC PDC table/chart or see the CSEP web site at [www.csep.ca](http://www.csep.ca), PFLC section.
- The two-year period begins from the time you receive your PFLC or renew your status.
- PDC tracking form must be returned with your renewal form, if not included your renewal **will not be processed.**

**Renewal Instructions:**

1. CPR – must have a current CPR certificate at the Basic Rescuer Level or Level C or the new 2006 guidelines-Health Care Provider (C). Your date of issue must be supplied. If you do not have a current CPR then your certification and insurance policy will be inactive until this is complete. Must be completed on an annual basis.
- 2(i) Fitness Appraisals – a Minimum of 12 complete fitness appraisals or prescription & counselling sessions must have been completed.  
(ii) **OR** have been involved in teaching a CPAFLA or PFLC workshop.
3. Need to have completed 1 of 3 options:
  - have attended or taught a workshop in the fitness field **OR**
  - attended a professional development workshop **OR**
  - be actively involved in the fitness field.
4. Insurance policy-The CSEP insurance policy is MANDATORY for all PFLCs/CEP MEMBERS.
5. The national survey is only available online, please complete this document as it is part of the renewal process. Go to a browser window and type in the link below or cut & paste.  
English  
<http://www.surveymonkey.com/s.asp?u=676523311857>  
French  
<http://www.surveymonkey.com/s.asp?u=652723311859>
6. Membership fees must be submitted along with the renewal documents.

Once all the information has been completed on the following pages, please submit to the CSEP head office. Mail: Form, cheque/visa number, Fax: Form & visa number, before the expiry date of renewal.

**CSEP - Professional Fitness & Lifestyle Consultant (PFLC) & CSEP Exercise Therapist  
Renewal Application Form April 2007-March 31, 2008**

**CONTACT INFORMATION:**

Name (full): \_\_\_\_\_

**Please print**

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Date of Membership Expiry: \_\_\_\_\_

**MAILING INFORMATION**

ADDRESS: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (B): \_\_\_\_\_ FAX #: \_\_\_\_\_

\*EMAIL: \_\_\_\_\_ (for all future correspondence)

1. Has any claim or suit alleging malpractice, a negligent act, error or omission, or breach of duty been brought against the applicant/member?  
**YES or NO** (please circle one)
2. Has the applicant/member any knowledge of any circumstances which could result in a claim or suit being brought against them?  
**YES or NO** (please circle one)

**ALL RENEWAL INFORMATION MUST BE COMPLETED BEFORE MAILING**

**\*Please Note:** The membership renewal fees include the national fee, provincial fee and the mandatory insurance fee for this fiscal year, **expiry March 31, 2008.**

The CSEP states that all CSEP certified PFLC/CEP members MUST have valid primary insurance coverage through CSEP/Aon/Lombard in order to activate your CSEP Certification. *By purchasing the CSEP insurance policy this ensures that both your certification and professional liability have been activated on time, at the same time and for the duration of this policy period/fiscal year. The head office assures you that you have the policy you need for this profession.*

**Membership Fees**

Total Membership Fee: **\$155.00 /year** **Renewal:** \_\_\_\_\_  
(Membership fee \$145.43 plus GST \$6.21 plus PST \$3.36)

**\*INSURANCE OPTIONAL (this applies to certain groups only)**

If you are a RCMP (and have Crown insurance) and do not choose the CSEP insurance policy.  
Total Membership Fee: **\$120.00 /year** **Renewal:** \_\_\_\_\_  
(Membership fee \$113.21 plus 6.79 GST)

**Please Complete:**

Policy # \_\_\_\_\_ the Company Name, \_\_\_\_\_  
and the Expiry Date \_\_\_\_\_. *Follow up with a hard copy of your insurance policy for your file at the Ontario office.*

New Certificates (if your original is lost or damaged):  
There will be a \$10 plus GST 60 cents = **\$10.60** for any requests for a new certificates

**Total Fees:** **Amount:** \_\_\_\_\_

**CSEP GST Number #R12749667**

Please circle your payment method: VISA, MASTER CARD, AMERICAN EXPRESS, MONEY ORDER or PERSONAL CHEQUE

Name of Cardholder \_\_\_\_\_ Card Number \_\_\_\_\_

Expiry date \_\_\_\_\_ Signature \_\_\_\_\_

**Renewal Requirements Must be Completed**

**1. Current CPR: Minimum requirements: Basic Rescuer Level or Level C or Health Care Provider (C).**

Current CPR means that you have taken the course within 1 year from date to renewal for St. John's ,Heart & Stroke or Red Cross.

Date Issued: \_\_\_\_\_

**PLEASE keep a copy of your CPR renewals in your own files for up to 7 yrs.**

**2. Completion of a minimum of 12 fitness assessments including prescription and counselling:**

Number of Tests: \_\_\_\_\_

Location of testing Site: \_\_\_\_\_

**OR**

Involvement in teaching a minimum of one CPAFLA/CPT or PFLC workshop

\_\_\_\_\_

**3. Completion of ONE of the following THREE areas:**

i) Take or teach a course in health/fitness field at a recognized education institution

Course Attended/Taught \_\_\_\_\_

Education Institution \_\_\_\_\_

**OR**

ii) Attend a professional development workshop related to the health/fitness field, e.g., CSEP, ACSM, etc.

Workshop/Conference Attended \_\_\_\_\_

**OR**

iii) Be actively involved in the fitness field. Identify involvement

\_\_\_\_\_

**4. Additional Course or Credits: Professional Development Credits Tracking Form included Y or N**

Total Credits obtained \_\_\_\_\_

**If this year is your 2 year cycle to submit PDCs, please complete the following section:**

The Professional Development Credit (PDC) Program for PFLC/CEP Members  
**CREDIT TRACKING FORM**

Complete the information below and submit it with your renewal application form. Please ensure that you keep official receipts, certificates of signatures of attendance for one year after submission to the CSEP office. There will be random auditing each year, and receipts must be provided upon request. For each two-year cycle, 30 Professional Development Credits must be attained to renew your CSEP-PFLC/CEP certification. Should the 30 credits not be achieved, your PFLC/CEP status will be put on probation for one year, then canceled unless/until the requirements have been met.

<b>Event Name</b>	<b>Name of Hosting Organization</b>	<b>Date of Course</b>	<b># of PDCs Approved</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>Title of Article</b>	<b>Journal/Magazine Name</b>	<b>Date of Publication</b>	<b># of PDCs</b>
_____	_____	_____	_____
_____	_____	_____	_____

**I attest that the information above is accurate, and that records of my attendance will be kept on file for one year, should I be audited by CSEP.**

Name of the PFLC/CEP \_\_\_\_\_  
**Please Print**

Signature of the PFLC/CEP \_\_\_\_\_

Date submitted to the Ontario office \_\_\_\_\_

The renewal form must be returned to the following address: Canadian Society for Exercise Physiology (Ontario Society for Health & Fitness), 202-185 Somerset St. West, Ottawa, ON, K2P 0J2 or **Fax:** 613-234-3755

**TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT**

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

For information on PDC allotment, please go to [www.csep.ca](http://www.csep.ca), under H&FP Certification, PFLC section, see PDC chart.