



Take Control With Exercise – Exciting NEW changes for 2009!!

The Southern California Chapter, Los Angeles Branch is pleased to offer the Arthritis Foundation Exercise Program Instructor Training. Join us for this special training that incorporates new updates from 2009.

Arthritis Foundation Exercise Program Instructor Workshop
October 18, 2009, Westchester, California

Arthritis Foundation Exercise Program – This evidence-based program is a community-based group recreational exercise class developed by the Arthritis Foundation. Class levels can be modified to accommodate the different capabilities of people with arthritis. An advanced level contains more aerobic conditioning activities and use of resistance bands and weights. The instructors are usually health or fitness professionals who have attended a 9-hour training workshop. To accommodate different group needs, instructors select from 90 different exercises performed while participants are seated or standing. Activities also include endurance-building activities, balance exercises, relaxation techniques and health education segments.

Arthritis Foundation Certified Instructor Workshop - This training program is designed to prepare individuals to become Certified Instructors by providing:

1. An overview about the physiological and psychological aspects of rheumatic diseases.
2. Principles of exercise for people with arthritis.
3. Joint protection and other safety principles for the instructor and the participant.
4. Demonstration, practice, and testing of approved recreational exercise activities for people with arthritis.
5. Overview of policies and logistics for establishing an *Arthritis Foundation Exercise Program*.

NEW 2009 Pre-training Criteria - To become trained, you will need to meet all of the following criteria.

- ◆ Be willing to commit to teaching at least one class series per year (must teach six class sessions within six months to become certified)
- ◆ Have an affiliation with a facility approved by the Arthritis Foundation
- ◆ Have experience/education in health, exercise or fitness field
- ◆ Be certified in CPR
- ◆ Personal or professional experience working with people with arthritis or disabilities
- ◆ Interest in working with groups
- ◆ Interest in health, exercise, and a proactive approach to health management

NEW 2009 general changes include:

- ◆ New pre-training module
- ◆ More user-friendly manuals with more instructor resources (e.g. more lesson plans, tips on teaching mixed level classes)
- ◆ New exercises that incorporate resistance bands and weights to challenge class participants
- ◆ Simplified health education and relaxation sections
- ◆ Many new exercises or variations based on field input
- ◆ Special focus on body awareness incorporated into “Joint Check” warm-up and cool-down
- ◆ Other new and improved resources include: 16 lesson plans, more interactive health education lessons, shorter relaxation scripts, new balance section, and additional endurance examples.

Mind, Body, & Spirit

Join us in Westchester for this special training. Become certified as an Arthritis Foundation Instructor and enrich your mind while learning to help others.

Hosted by:

Southern California Chapter
Los Angeles Branch
800 W. 6th St., Ste. 1250
Los Angeles, CA 90017-2721
(800) 954-2873

Leader Workshop Information

DATE:	Sunday, October 18, 2009 (7:30 a.m. – 6:00 p.m.)
WHERE:	Westchester YMCA 8015 S. Sepulveda Blvd. Westchester, Ca 90045 (310) 670-4316
TRAINING COST:	\$100 (includes training material and snacks for the day of the training)
ACCOMODATIONS:	Due to the small size of the workshop, the Arthritis Foundation is not able to establish a hotel rate. Hotel, travel, and dinner costs are the responsibility of the participant.
WHAT TO BRING:	Completed pre-training module, note taking materials, a sack lunch or money to buy lunch, a towel or floor mat for exercises, ankle and wrist or hand weights (no more than 5 lbs.)
RECOMMENDED DRESS:	DRESS COMFORTABLY with shoes and clothes appropriate for exercising as we will be doing exercise demonstrations.
CONTINUING EDUCATION CREDITS:	The Arthritis Foundation is an Authorized CEU Sponsor member of the International Association for Continuing Education and Training (Membership No. 1003925), and designates this continuing education activity as meeting the criteria for .65 CEU's .
PROGRAM CONTACT:	If you have any questions or need more information, please contact: Ada McFarland (800) 954-2873 amcfarland@arthritis.org
SPACE IS LIMITED:	ONLY 20 SPACES AVAILABLE. Applications are accepted on a first come, first serve basis. Only applicants that meet all the pre-training criteria will be accepted. If your application is incomplete, you will be notified and your application will then be re-admitted if it is before the deadline. If there are more applicants than spaces available, a waiting list will be developed and your completed application will be given priority for the next training.
REGISTRATION DEADLINE:	With absolutely NO EXCEPTIONS, all complete pre-training criteria, registration forms, and program fees must be received by <u>Thursday, October 1, 2009</u> at the following address: Mireya Peña Sr. Program Director Arthritis Foundation Southern California Chapter Los Angeles Branch 800 W. 6 th St., Ste. 1250 Los Angeles, CA 90017-2721 (800) 954-2873
REGISTRATION ACCEPTANCE:	Applicants will be notified of their acceptance into the training by Tuesday, October 6, 2009. If accepted, you will be mailed the Pre-training Module to be completed before the training and to be brought the day of the training. Please note that ALL pre-training criteria must be met prior to coming to the training and NO EXCEPTIONS can be made.

Thank you for your interest in this exciting and valuable training opportunity. We look forward to seeing you at the workshop!



Instructor Training Workshop Application Form

Training Date: October 18, 2009 - Westchester, California

Application Due: Thursday, October 1, 2009.

COMPLETE ALL SECTIONS. TYPE OR PRINT NEATLY.

Today's Date: _____ This application is for: Initial Training Recertification

CONTACT INFORMATION

First Name:	MI:	Last Name:	
Job Title:			
Organization:			
Work Address:			
City:	State:	Zip:	
Home Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	
Email:			
For Arthritis Foundation correspondence, please contact me at: <input type="checkbox"/> My worksite (if applicable) <input type="checkbox"/> My home			

FACILITY INFORMATION

Please provide information about the host facility where you plan to teach the Arthritis Foundation Exercise Program classes (if different from your job location):

Facility Name:		
Address:		
City:	State:	Zip:
Administrator/ Contact Person Name:		
Phone number	Email address:	

Does the location where you plan to teach have a recently signed Program Co-sponsorship Agreement with the AF?

YES NO

If the answer is NO, you must make arrangements with the Arthritis Foundation representative to ensure a Program Co-sponsorship Agreement is signed by the program host facility prior to your application being considered for the training. Your application will not be accepted if you don't have a facility to teach the Arthritis Foundation Exercise Program.

QUALIFICATIONS *Attach copy of card

Do you have current ADULT CPR certification? (Required)	<input type="checkbox"/> YES* <input type="checkbox"/> NO
Do you have current First Aid certification (Recommended)	<input type="checkbox"/> YES* <input type="checkbox"/> NO
List other relevant certifications and their expiration date:	

EXPERIENCE

What professional or volunteer experience have you had leading exercise classes, conducting workshops or speaking in public?
What is your profession and/or background in health, fitness or education? List any relevant degrees or course work.
What other experience do you have that you feel would be beneficial in leading AF programs (such as work with people with disabilities, older adults, people with special needs)?
What is your experience with arthritis (personal or family member diagnosis, or work with people with arthritis)?
Why do you want to teach the Arthritis Foundation Exercise Program? What benefits would you like to gain from leading this program?
How did you become aware of the Arthritis Foundation Exercise Program?
Have you been a participant in any Arthritis Foundation programs and if so, what?

FEE INFORMATION

<p>Please charge <input type="checkbox"/> \$100 Workshop & Certification to my <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MC</p> <p>Card #: _____</p> <p>Expires: _____</p> <p>Name on Card: _____</p> <p>Signature: _____</p> <p>Please make checks payable to: Arthritis Foundation</p>	<p>Please send complete application, payment and attached SIGNED Statement of Understanding to:</p> <p>Mireya Peña Sr. Program Director Arthritis Foundation Southern California Chapter Los Angeles Branch 800 W. 6th St., Ste. 1250 Los Angeles, CA 90017-2721 (800) 954-2873</p>
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Leader/ Instructor Statement of Understanding

The Arthritis Foundation has established the following policies and procedures to ensure the quality of its programs. Please sign on the following page to indicate your acknowledgement and acceptance of these requirements:

- As the first step in becoming an AF certified Leader or Instructor, I will attend and successfully complete an AF Leader/ Instructor Training Workshop conducted by trainers who are nationally certified and authorized by the Arthritis Foundation. I will actively participate in all aspects of the training. I understand that only approved trainers can teach others to become AF Leaders or Instructors. I may not teach others how to lead the AF program classes.
- In order to attend an AF Leader/ Instructor Training Workshop, I will pre-register by submitting a completed Application Form and this signed Statement of Understanding. I will be pre-screened by the AF to ensure that I have the appropriate prerequisite qualifications. I will receive written confirmation of my attendance at the workshop. I understand that walk-ins are not allowed at AF Leader/ Instructor Training Workshops.
- As the second step in becoming an AF certified Leader or Instructor, I will conduct an Arthritis Foundation Self-Help Program course series of at least 6 weeks duration or at least six one-hour class sessions of the Arthritis Foundation Aquatic Program or Arthritis Foundation Exercise Program within six months of completing the AF Leader/ Instructor Training Workshop.
- As a condition of maintaining my certification, I will further conduct a minimum of one Arthritis Foundation Self-Help course series or six Arthritis Foundation Aquatic or Arthritis Foundation Exercise class sessions each year. I will send the participant data from these classes to the AF. I will also attend an AF Recertification Workshop every three years and agree to participate in annual continuing education activities when available from the AF.
- I understand that certification as an AF Leader or Instructor provides me with a limited license to deliver the AF program in which I've been trained as long as I maintain my affiliation with the Arthritis Foundation and uphold its policies and procedures. I acknowledge that the AF program materials are copyrighted and agree to honor the programs' copyright protection.
- I will offer AF classes only at sites that have a complete and current Program Co-sponsorship Agreement on file with the AF documenting their compliance with AF policies and their acceptability as host sites, including adequate insurance coverage and accessibility to people with disabilities. I agree to notify the AF if I stop teaching the AF program at the approved site or if my teaching status changes.
- I will conduct and support marketing efforts for the AF classes in my community in collaboration with the AF. I will notify the AF well in advance of each course series to assure adequate time for promotion and other preparations.

- I will stress my collaboration with the AF in all marketing materials and during every AF course series. I will assure that participants recognize the AF's co-sponsorship of the programs. I will provide participants with information about other AF programs and services.
- I agree to follow the standardized program curriculum and will not make any variations in the approved program content or process described in the program leader/instructor manuals without prior written permission.
- To protect the AF and the host facility against legal claims, I will secure Participant Release Forms from all new course participants and will submit these forms to the AF. I will also communicate and enforce the safety principles I learn in the AF Leader/ Instructor Training Workshop.
- I will submit complete and timely participant data and participate in any other data collection projects that the Arthritis Foundation uses to measure the reach, quality and/or impact of the AF programs in accordance with a specified reporting schedule and method.
- I agree to uphold and maintain the policies, procedures and standards of the AF program and to fulfill all obligations listed in the AF Leader/ Instructor Position Description and in the AF Leader/ Instructor manuals and guidelines and procedures manuals.
- I understand that the Arthritis Foundation is a voluntary health organization. If serving in a voluntary capacity, I will not receive compensation or employee benefits from the Arthritis Foundation. However, an honorarium may be paid.

This agreement applies to:

- | | |
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| <input type="checkbox"/> Arthritis Foundation Aquatic Program | <input type="checkbox"/> Arthritis Foundation Aquatic Program for JA |
| <input type="checkbox"/> Arthritis Foundation Exercise Program | <input type="checkbox"/> Arthritis Foundation Self-Help Program |

I HAVE READ AND I UNDERSTAND THE PRECEDING STATEMENTS. I FURTHER UNDERSTAND THAT COMPLIANCE WITH THIS STATEMENT OF UNDERSTANDING IS REQUIRED FOR MY TRAINING AND CONTINUED PARTICIPATION AS AN ARTHRITIS FOUNDATION LEADER OR INSTRUCTOR.

Print Name of Leader/Instructor Applicant

Date

Signature