



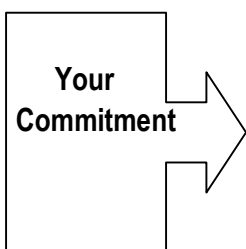
## Take Control with Exercise

Become a trained Arthritis Foundation  
Exercise Program Instructor

The Arthritis Foundation Exercise Program is a community-based, recreational group exercise and education program designed specifically for people with arthritis, fibromyalgia, lupus, and other related conditions.

This Training will teach you how to instruct people with arthritis in exercise, relaxation techniques, health education, teaching tips and background on arthritis.

Who Makes a Good Leader - Those with experience in exercise, health-related fields, teaching, or other appropriate backgrounds. CPR certification required before teaching a class.



To start a class within 3 months of the training and to offer at least two 6-8-week class series per year or an ongoing class in your community. To make the program a part of your organization's regular scheduled activities.

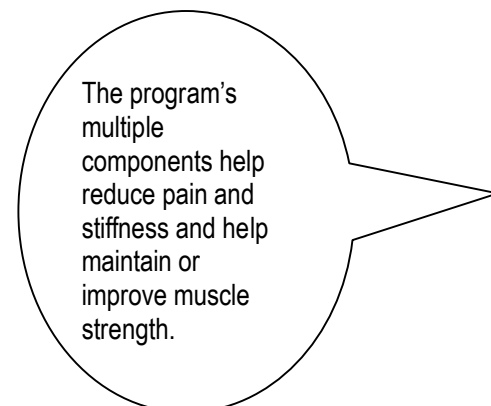
Pre-registration is required. The registration fee is \$30, which includes an Instructor Manual and class Participant Manual. Please make checks payable to the Arthritis Foundation.

Dates: February 25, 2012 (9:00am-5:00pm)  
March 3, 2012 (9:00am-12:30pm)

Location: Columbia, SC  
Site to be Determined



For More Information Contact:  
Arthritis Program Coordinator  
1751 Calhoun Street  
Columbia, SC 29201  
Phone: (803) 898-0760  
Fax: (803) 898-0350  
williapd@dhec.sc.gov



## Leader/ Instructor Training Workshop Application Form

**Date of Training: February 25 and March 3, 2011**

**Location: Charles Drew Wellness Center  
 2101 Walker Solomon Way, Columbia, SC 29204  
 (intersection of Harden and Calhoun Streets)**

**Applications due: February 20, 2011**

**COMPLETE ALL SECTIONS. TYPE OR PRINT NEATLY.**

**See bottom of page 2 for registration fee and where to send application.**

**Today's Date:** \_\_\_\_\_

**This application is for (check one):**  Initial Training  Recertification

**This application is for: Arthritis Foundation Exercise Program**

### CONTACT INFORMATION

First Name:	MI:	Last Name:
Job Title:		
Host Organization:		
Host 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 facility where you plan to teach the Arthritis Foundation classes (if different from your Host Organization):

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

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

YES  NO

**QUALIFICATIONS** \*Attach copy of card

Do you have current ADULT CPR certification? ( <b>required for AF Exercise Program</b> )	<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 education or 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 this program? What benefits would you like to gain from leading this program?
How did you become aware of the Arthritis Foundation program for which you are currently registering?
Have you been a participant in any Arthritis Foundation programs and if so, what?

**FEE INFORMATION**

<p>I agree to pay (check one): <input type="checkbox"/></p> <p><b>\$30.00 for Training</b></p> <p>Enclosed is a check <input type="checkbox"/> or please charge my:</p> <p><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><b>Please make checks payable to: <u>Arthritis Foundation</u></b></p>	<p>Please send completed application, payment and attached SIGNED Statement of Understanding to:</p> <p><b>SC DHEC</b>  <b>Arthritis Program Coordinator</b>  <b>Box 101106</b>  <b>Columbia, SC 29201</b>  <b>Phone: (803) 898-0760</b>  <b>Fax: (803) 898-0350</b>  <b>williapd@dhec.sc.gov (Pat Williams)</b></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 Instructor, I will attend and successfully complete an AF 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 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 SCDHEC 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 Instructor Training Workshops.
- As a condition of maintaining my certification, I will further agree to conduct a minimum of two Arthritis Foundation Exercise 6-8 week class series each year and will start the first class series within 3 months of the training date. I will also attend an AF Recertification Workshop every three years and agree to participate in annual continuing education activities when available from the Arthritis Foundation.
- I agree to send the Program Information form and the attendance sheets for these classes to SCDHEC.
- I understand that certification as an AF 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 SCDHEC 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 SCDHEC. I will notify SCDHEC well in advance of each class series to assure adequate time for promotion and other preparations.
- I will stress my collaboration with the AF and SCDHEC in all marketing materials and during every AF class series. I will assure that participants recognize the AF's and DHEC'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 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 participants and will submit these forms to the AF. I will also communicate and enforce the safety principles I learn in the AF Instructor Training Workshop.
- I will submit complete and timely participant data and participate in any other data collection projects that SCDHEC 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 Instructor Position Description and in the AF 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.

**This agreement applies to:**

Arthritis Foundation Exercise 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 Instructor Applicant***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Signature***