



SFIC Certification Renewal Form

*Please fill in the information requested below
Incomplete renewal forms will not be processed*

A. Personal Information			Today's Date
First Name	Last Name		
Street Address			
City	Province	Postal Code	Phone () -
Fax () -	E-mail		
B. Renewal Criteria (To be completed bi-annually)			
1. Certification Renewal Fee (2 years)		<input type="checkbox"/> \$50.00 Enclosed	
2. CPR Certification Date (annual renewal recommended) *Please attach a copy of your CPR and fill out the expiry date →		/ / _____ mm, dd, yyyy	
3. Insurance (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Provider Name		
4. Professional Development (one refresher workshop required per year)			
Year 1 – Workshop Date	Workshop Name	Length (Hrs)	Trainer/Speaker
Year 2 – Workshop Date	Workshop Name	Length (Hrs)	Trainer/Speaker
5. Peer Class Observation (attend another instructor's senior fitness class)			
Instructor Name		Type of Class	
Class Location		<input type="checkbox"/> Peer Class Observation Enclosed	
6. Teaching Hours (minimum of 20 full classes)			
Facility 1	# of Hours	Supervisor Signature	
Facility 2	# of Hours	Supervisor Signature	
Facility 3	# of Hours	Supervisor Signature	
I certify that the above information is accurate and the required forms are attached to this renewal form.			
Signature _____			Date _____