



Form B Provincial Fitness Leadership Registration Program

(Attach to Instructor Competency Evaluation)

Applicant's name: _____

Mailing address: _____

Phone Number: ______ (Business) ______

Evaluation date: _______ Have you changed your address? Yes () No ()

<u> Eight Hour Resume – Osteofit</u>

Hours are not to have been preformed prior to the start of Osteofit module course

Date	Agency	Supervisor	Length of Instruction	Type (group class, one on one session etc.)	Class size

Lesson Plan

This form is to help the evaluator while writing up the Instructional Competency Evaluation form. There is no grade attached to the lesson plan. You are required to hand this completed lesson plan to the evaluator prior to the evaluation. Please copy this form if additional space is required.

Fitness Component	Exercise Selection	Muscle Groupsand/or Joints Involved	Special Precautionsor Instructions