CSEP Certified Fitness Centre (CSEP-CFC)

Application Package
CSEP Certified Fitness Centre (CSEP-CFC)

Program Description

The Canadian Society for Exercise Physiology (CSEP) is the resource for translating advances in exercise science research into the promotion of fitness, performance, and health outcomes for Canadians. CSEP sets the highest standards for qualified exercise professionals through evidence-based practice and certification.

Among its national initiatives is its flagship program, the CSEP Professional Standards Program® (CSEP-PSP®) which sets the standards for CSEP-CFC accreditation.

As a CSEP-CFC member, your facility will play an integral role in CSEP’s mission to improving overall healthy outcomes for Canadians.

The CSEP-PSP® recognizes fitness centres and physiology labs that employ qualified exercise professionals that follow evidence-based assessment and training protocols and which meet CSEP standards for operating procedures and safety.

Fitness centres can be designated as a CSEP-CFC if they employ a CSEP Certified Exercise Physiologist® (CSEP-CEP) as a member of their fitness appraisal/training operations.

A CSEP-CEP may sponsor up to three concurrent CSEP-CFCs in any single membership year, so long as a CSEP-CEP is employed at each facility in a head/supervisor role.

A CSEP-CFC is expected by CSEP to:

- administer fitness assessments, prescribe exercise, and provide other services in accordance with the CSEP Scope of Practice of the given staff member offering services,
- highlight, in all commercial advertising, that it is recognized by CSEP, and
- employ, or provide internships for CSEP-CEP candidates to work under the direction of the CSEP-CEP.

CSEP-CFC Personnel Standards

The CSEP-CFC must have at minimum one CSEP-CEP employed.

CSEP certified personnel are encouraged to utilize evidence-based pre-screening and assessment tools, such as those found in the CSEP-PATH Manual, when conducting fitness assessments.

Application Requirements

To be considered for accreditation, the CSEP-CEP employed by the fitness centre must submit the following documents to CSEP Professional Standards Program®.

A. The completed application package including details of:
   1. Program overview
   2. Role of the CSEP-CEP in the Organization’s Structure
3. Staff list and their corresponding qualifications and certifications
4. List of equipment at the Centre
5. Summary of assessment and training protocols used
6. Safety and screening protocols
7. Emergency procedures and Emergency Action Plan

B. A copy of all screening tools used with the client including the consent form.

Note that applications will not be reviewed without the complete list of documents and items listed above.

Application Procedure

Complete and submit your application to CSEP [here].

Notice of Accreditation

A semi-permanent door label, a certificate bearing the name of the institution and a formal letter explaining the guidelines of accreditation will be issued to successful accreditation applicants.

Unsuccessful applicants will be notified, with reasons for their decline, within 30 days of the receipt of the application. Within 30 days of the receipt of this notice, the Centre may re-apply to CSEP outlining their reasons and justification for reconsideration and/or outlining the updates and changes made based on the feedback from CSEP.

CSEP reserves the right to visit without notice any CSEP-CFC to ensure that they conform to the CSEP-PSP® guidelines. Methods of re-evaluation to attest the Centre is meeting the accreditation guidelines may include the completion of a questionnaire by the on-site CSEP-CEP or an unannounced visit by a representative of CSEP.

If a CSEP-CEP is no longer associated with the Centre, it is the responsibility of the CSEP-CEP and the Centre to send a registered letter to notify CSEP. The current label and certificate must be removed.

The centre must reapply for accreditation when a replacement CSEP-CEP is hired. No interim conditional accreditation will be provided. If the Centre no longer employs a CSEP-CEP in a program head/supervisor role than their accreditation as a CSEP-CFC will not be reinstated.

Failure to conform to accreditation guidelines will result in accreditation being revoked by CSEP and the on-site CSEP-CEP may forfeit their certification.

Re-Accreditation

The CSEP-CEP must apply each year by March 31 to re-accredit the Centre. The annual re-accreditation fee is $200 for the first CSEP-CFC and $100 for each additional CSEP-CFC (to a maximum of three total). Re-accreditation will include the completion of an updated form that lists current staff and their corresponding qualifications and certifications, and highlights any changes to programming or services offered.
Thank you for your interest in our program and in enhancing the quality of service you offer your members. By applying to be a CSEP Certified Fitness Centre (CSEP-CFC), you are demonstrating professionalism and commitment to quality appraisal methods to your staff, clients and the health and fitness industry.
Should you wish to submit a hard-copy application form, please complete and mail the form below to:

Canadian Society for Exercise Physiology
18 Louisa St, Unit 370
Ottawa, ON
K1R 6Y6

CSEP Certified Fitness Centre Application Form

Name of facility: __________________________________________________________________________________

Address of facility: __________________________________________________________________________________

City: __________________________ Province: __________________________ Postal Code: __________________________

Telephone number of facility: __________________________________________________________

Additional Outlets

Additional Outlet 1

Name of Outlet 1: __________________________________________________________________________________

Address of Outlet 1:
______________________________________________________________________________________________

City: __________________________ Province: __________________________ Postal Code: __________________________

Telephone number of Outlet 1: __________________________________________________________

Additional Outlet 2

Name of Outlet 2: __________________________________________________________________________________

Address of Outlet 2:
______________________________________________________________________________________________

City: __________________________ Province: __________________________ Postal Code: __________________________

Telephone number of Outlet 2: __________________________________________________________
1. Program overview


___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

2. Description of what your Facility/Centre does and/or check off all that apply

___________________________________________________________________________________________
___________________________________________________________________________________________

☐ provide fitness assessments
☐ general public (low to moderate risk)
☐ high risk or clinical populations
☐ return to work/occupational health and fitness
☐ recreation or elite athletes

☐ provide a fitness and lifestyle appraisal as an advised prerequisite for physical activity (pre-screening)
☐ provide individualized guidance and exercise prescription
☐ provide facilities, services and programs that enable clients to be physically active
☐ establish personal contact between clients and staff
☐ motivate individuals to participate in healthy lifestyle behaviours to provide educational opportunities for clients and the community to provide nutritional and weight control counseling
☐ provide specialty programs (e.g. lifestyle)
☐ ensure safe exercise practices and programs to conduct research
☐ other (please provide details)

___________________________________________________________________________________________
___________________________________________________________________________________________

Future Plans for the organization/company (please provide details)

___________________________________________________________________________________________
___________________________________________________________________________________________

2. Role of the CSEP-CEP in the Organization’s Structure

Tell us about the role of the sponsoring CSEP-CEP plays within the organization/company and how many hours per week they work at each Centre/Facility (if more than one)
Tell us about the roles of the other CSEP-CEPs and/or CSEP-CPTs employed by the organization/company at each Centre/Facility (if more than one).

3. Staff list and their corresponding qualifications and certifications

Qualifications of the Assessment Staff (must be a CSEP-CEP or CSEP-CPT)

<table>
<thead>
<tr>
<th>Name</th>
<th>Certification (Please include all)</th>
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4. List of equipment at the Centre (please check all that apply)

- Weight scale
- Height scale
- Tape measure
- Bone width calipers
- Metronome
- Lab time
- Sphygmomanometer
- Stethoscope
- Hand grip dynamometer
- Cybex cynamometer
- Spirometer
- Lead 11 ECG
- 12 lead ECG
- Electrodes
- Oscilloscope
- Treadmill
- Cycle ergometer
- Steps
- Rating perceived exertion
5. Summary of assessment and training protocols used

The Anthropometric Measures, Body Composition, Muscular Strength & Endurance, & Flexibility Tests are found in Section B2 of the CSEP-PATH manual.

Below is a list of protocols from the CSEP-PATH Manual and other commonly used protocols. Please indicate which of the following protocols are utilized at your facility. Where additional protocols are used to what is listed, please use the other box and specify which protocols, are used.

**Anthropometric Measures and Body Composition**
- Waist Circumference – combined with BMI as a Health Risk measure
- Height and Weight measurements included in BMI protocol
- BMI
- Skinfold Measurements
- Bioelectrical Impedance Analysis (BIA)
- Hydrostatic Weighing
- Other, please specify:

**Heart Rate & Blood Pressure***
- Resting Heart Rate (RHR)
- Resting Blood Pressure (RBP)
- Other, please specify:

*Other measures assessed in Section C: Training

**Aerobic Power**
- mCAFT step test
- Ebbeling single-stage treadmill walking test
- Cycle ergometer test
- One mile walk test
- Maximal exercise testing on the treadmill or cycle ergometer
  - Direct
  - Indirect
- Other, please specify:
Muscular Endurance, Strength and Power
- Grip strength
- Push ups test
- Vertical jump
- Unipedal leg stance – eyes open and closed
- Back extension
- Functional movement screen
- Posture assessment
- Anerobic testing
  - Wingate
  - Cunningham-Faulkner
- Other, please specify:

Flexibility
- Sit & Reach
- ROM using goiometers
- Other, please specify:

Other, please specify:

Questionnaires that you use *(Please check all that apply)*
- Abilities for Active Living Questionnaire *(AAL-Q)*
- Physical Activity Readiness Questionnaire *(PAR-Q+)*
- PARmed-X for Pregnancy (if applicable)
- Physician Physical Activity Readiness Clearance form (if applicable)
- Informed Consent form
- Physical Activity & Sedentary Behaviour Questionnaire *(PASB-Q)*
- FANTASTIC Lifestyle Checklist
- Other, please specify:
6. **Safety and screening protocols** (please check all that apply)

- All testers have CPR Medical history
- Risk Stratification
- PAR-Q+
- Par-Q screening tool
- Par-medX screening
- CSEP Physician Clearance form
- Consent form
- Warm-up and cool-down
- Medical liaison:
  - In what capacity do you use a medical liaison?
    - __________________________________________________________
    - __________________________________________________________
    - __________________________________________________________

  Name of Liaison: _____________________________________________
  Phone number: ________________________________________________

- Other, please specify:
  - __________________________________________________________
  - __________________________________________________________

7. **Emergency procedures and Emergency Action Plan**

**Emergency equipment** (please check all that apply)

- Oxygen
- Drug Kit (list)
- Defibrillator
- Stretcher
- First Aid Kit
- Emergency phone system
- Sharps box
- Other, please specify:
  - __________________________________________________________
Emergency Procedures
Please detail the emergency procedures used at your facility

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CSEP may inspect your facility(ies) prior to accreditation. Once requirements are met, the annual $200 accreditation fee is due. Accreditation is granted once the fee is received. You will receive a certificate and a decal within 2-3 weeks of membership approval.