

## Practical Hours Verification Form

This is to acknowledge that the following SPRA Certified Fitness Leader has taught group fitness classes, in at least one specialty module (Group, Aquatic and/or Older Adult Exercise) they are certified in, during the past year. The details of the classes taught have been recorded below. Please put the total number of hours at the bottom of the form.

Name of Fitness Leader: \_\_\_\_\_

*Please fill out the form using the example below as a template, for all information relating to your Course Schedule including dates, hours, frequency, etc.*

*Print the contact person's name and provide their contact information (a signature is not required)*

Class Type *	Course Schedule	Facility	Contact Person	Contact information Phone/email address
<i>Boot Camp</i>	<i>Jan – May 2014 26 hours Once a week</i>	<i>Everfit Health Club</i>	<i>Jane Smith</i>	
<b>Total Hours</b>				

**\* Class type may include group land, aquatic or older adult fitness classes (i.e. boot camp, hi/lo, step, interval/circuit training, etc.). Note that personal training, coaching sports teams and teaching physical education classes do not fall within the Scope of Practice and thus are ineligible for this requirement.**