

AEA AFPC Examination Candidate Application

YOU MUST COMPLETE THIS APPLICATION PRIOR TO REGISTERING FOR CERTIFICATION

Please save this form as Last Name_First Name_AFPCA.pdf i.e. Jones_Deborah_AFPCA.pdf

This application must be submitted and approved at least 30 days prior to the scheduled examination.

For assistance with this application, please contact AEA at 888.232.9283 ext 217

CANDIDATE INFORMATION:

First Name: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Cell Phone: _____
Email Address: _____ Date of Birth: _____
mm/dd/yyyy

Prerequisites:

I am currently CPR/AED Certified: _____ **YES** _____ **NO** My CPR/AED Expires on: _____
mm/dd/yyyy

My CPR/AED was issued by the following organization: _____

If you do not have a current CPR/AED certification, you may take the examination but your Certification will not be valid until such documentation is provided and all examination requirements are met.

If you request special assistance, official documentation from your health care provider verifying your condition is required. You must submit a completed Certification Examination Disability Assistance Form to AEA by mail, fax or email at least 30 days prior to the exam date. Download the form on the AEA website under the Certification Menu.

_____ No, I do not need Special Accommodations _____ Vision (declared legally blind)
_____ Hearing Impaired _____ Dyslexic
_____ Attention Deficit Disorder _____ Other learning disorder - please specify:

Please answer the following questions:

_____ YES _____ NO* I am at least 18 years of age. *Please contact AEA for your options.

_____ YES _____ NO By submitting this application, I accept the conditions concerning the administration procedures, reporting of exam scores and the certification/recertification process & policies. Furthermore, I attest that the information contained in this application is true, complete and correct to the best of my knowledge.

_____ YES _____ NO I have read and understand all policies and procedures as stated in the AFPC Candidate Handbook.

_____ YES _____ NO I understand that AEA highly recommends that ALL Candidates have a minimum of 6 months practical experience in aquatic exercise and allow at least 8-12 weeks of advanced study utilizing the AFP Manual and the Examination Objectives.

_____ YES _____ NO I understand all AFPC Examination cancellations or transfers to another event must be submitted in writing to AEA Corporate and received 14 days PRIOR to the scheduled examination. I understand the Examination cancellation fee is \$50.00 and the Examination transfer fee is \$25.00.

Signature Required (Typed or handwritten acceptable)

Date (mm/dd/yyyy)

Return Completed Application by (1) method only

Please save this form as Last Name_First Name_AFPCA.pdf i.e. Jones_Deborah_AFPCA.pdf

Email to: register@aeawave.com / Fax: 941.486.8820 / Postal Mail: AEA, PO Box 1609, Nokomis, FL 34274-1609

FOR AEA OFFICE USE ONLY:

Verified By: _____ Date: _____ Approved: _____ Declined: _____ Reason: _____