



# Commission on Accreditation of Allied Health Education Programs

## Standards and Guidelines for the Accreditation of Educational Programs in *Personal Fitness Training*

Essentials/Standards initially adopted in 2007; revised in 2013

Adopted by the  
*American College of Sports Medicine*  
*American Council on Exercise*  
*American Kinesiotherapy Association*  
*American Red Cross*  
*National Academy of Sports Medicine*  
*National Council on Strength & Fitness*  
*Committee on Accreditation for the Exercise Sciences*  
and  
**Commission on Accreditation of Allied Health Education Programs**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation for the Exercise Sciences (CoAES).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Personal Fitness Training profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

### Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the American College of Sports Medicine, the American Council on Exercise, the American Kinesiotherapy Association, the American Red Cross, the National Academy of Sports Medicine, and the National Council on Strength & Fitness cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Personal Fitness Training and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of Personal Fitness Training programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

## Description of the Profession

Personal Fitness Trainers are skilled practitioners who work with a wide variety of client demographics in one-to-one and small group environments. They are familiar with multiple forms of exercise used to improve and maintain health-related components of physical fitness and performance. They are knowledgeable in basic assessment and development of exercise recommendations. In addition, they are proficient in leading and demonstrating safe and effective methods of exercise, and motivating individuals to begin and to continue with healthy behaviors. They consult with and refer to other appropriate allied health professionals when client conditions exceed the personal trainer's education, training, and experiences.

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## I. Sponsorship

### A. Sponsoring Institution

A sponsoring institution must be at least one of the following:

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate/diploma at the completion of the program.
2. A foreign post-secondary academic institution acceptable to CAAHEP that awards a minimum of a certificate/diploma.
3. A branch of the U.S. Armed Forces or other governmental educational or medical service, which is affiliated with an accredited post-secondary educational institution or equivalent that is authorized under applicable law or other acceptable authority to provide a post-secondary educational program which awards a minimum of a certificate/diploma at the completion of the program, or a national organization authorized under applicable law or other acceptable authority to approve college credit.

### B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

### C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these **Standards** are met.

## II. Program Goals

### A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs

of health care providers and employers, and the educational needs of the students served by the educational program.

#### **B. Appropriateness of Goals and Learning Domains**

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

#### **C. Minimum Expectations**

The program must have the following goal defining minimum expectations: "To prepare competent entry-level Personal Fitness Trainers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

*Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.*

### **III. Resources**

#### **A. Type and Amount**

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

#### **B. Personnel**

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

##### **1. Program Director**

###### **a. Responsibilities**

The Program Director must ensure achievement of the program's goals and outcomes, and is responsible for all aspects of the program, including the organization, administration, continuous review, planning, development and general effectiveness of the program. The Program Director must provide supervision, administration, and coordination of the instructional staff in the academic and practical phases of the educational program.

*Administrative and supervisory responsibilities of the Program Director should be recognized as a department assignment. The amount of time devoted to these responsibilities should be consistent with departmental or institutional policy, but should be deemed appropriate in view of the administrative responsibilities of the Program Director.*

###### **b. Qualifications**

The Program Director must possess a minimum of a Master's Degree and a minimum of two years of work-related experience in health and fitness.

*A Program Director should be a full-time employee of the sponsoring institution and have work-related experience in Personal Fitness Training, Exercise Science, or Exercise Physiology.*

2. Faculty and/or Instructional Staff

a. Responsibilities

In classrooms, laboratories, and all applied instructional settings where a student is assigned, there must be (a) qualified individual(s) clearly designated as liaison(s) to the program to provide instruction, supervision, and timely assessments of the student's progress in meeting program requirements.

*All faculty members, regardless of the extent of their participation, should be familiar with the goals of the program and should be able to demonstrate the ability to develop an organized plan of instruction and evaluation.*

b. Qualifications

Instructors must possess appropriate credentials and knowledge in subject matter by virtue of training and/or work-related experience, in teaching their assigned subjects.

*Qualified faculty and/or instructional staff should possess a minimum of a bachelor's degree and two years of work-related experience.*

**C. Curriculum**

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

The curriculum must meet nationally accepted standards, as described by the CoAES Sponsoring Organizations in Appendix B, which include cardiopulmonary resuscitation training, and a supervised internship experience.

*Nationally accepted standards of roles and functions should include job analysis research and widely accepted best practices.*

*A supervised internship should occur at the end of the academic program as a culminating experience.*

*All students should receive First Aid, Automated External Defibrillator (AED), HIPAA training, and appropriate OSHA blood-borne pathogens training prior to program completion.*

**D. Resource Assessment**

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

## **IV. Student and Graduate Evaluation/Assessment**

**A. Student Evaluation**

**1. Frequency and purpose**

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

**2. Documentation**

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

## **B. Outcomes**

### **1. Outcomes Assessment**

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

*Programmatic summative measures should contribute to assessing effectiveness in specific learning domains.*

*“Positive placement” means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/ or serving in the military.*

### **2. Outcomes Reporting**

The program must periodically submit to the *Committee on Accreditation for the Exercise Sciences* the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the *Committee on Accreditation for the Exercise Sciences* to develop an appropriate plan of action to respond to the identified shortcomings.

## **V. Fair Practices**

### **A. Publications and Disclosure**

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards.

*The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g. through a website or electronic or printed documents).*

### **B. Lawful and Non-discriminatory Practices**

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

**C. Safeguards**

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

**D. Student Records**

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

**E. Substantive Change**

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/CoAES in a timely manner. Additional substantive changes to be reported to CoAES within the time limits prescribed include:

1. The institution's mission or objectives if these will affect the program;
2. The institution's legal status or form of control;
3. The addition or deletion of courses that represent a significant departure in content;
4. The method of delivery of course(s);
5. The degree or certificate/diploma awarded;
6. A substantial increase/decrease in clock or credit hours for successful completion of a program.

**F. Agreements**

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

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## APPENDIX A

### Application, Maintenance and Administration of Accreditation

#### A. Program and Sponsor Responsibilities

##### 1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it electronically or by mail to:

Committee on Accreditation for the Exercise Sciences  
c/o American College of Sports Medicine  
401 W. Michigan Street  
Indianapolis, IN 46202

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <https://www.cognitofrms.com/CAAHEP2/RequestForAccreditationServices>.

**Note:** There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the CoAES. The on-site review will be scheduled in cooperation with the program and CoAES once the self-study report has been completed, submitted, and accepted by the CoAES.

##### 2. Applying for Continuing Accreditation

- a. Upon written notice from the CoAES, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form, and returns it electronically or by mail to:

Committee on Accreditation for the Exercise Sciences  
c/o American College of Sports Medicine  
401 W. Michigan Street  
Indianapolis, IN 46202

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <https://www.cognitofrms.com/CAAHEP2/RequestForAccreditationServices>.

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the CoAES.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the CoAES forwarding a recommendation to CAAHEP.

### **3. Administrative Requirements for Maintaining Accreditation**

- a. The program must inform the Committee on Accreditation for the Exercise Sciences (CoAES) and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the CoAES of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the CoAES that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The CoAES has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer will be granted.
- c. The sponsor must promptly inform CAAHEP and the CoAES of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the CoAES in accordance with its policies and procedures. The time between comprehensive reviews is determined by the CoAES and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay the CoAES and CAAHEP fees within a reasonable period of time, as determined by the CoAES and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with CoAES policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a CoAES accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the CoAES.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

### **4. Voluntary Withdrawal of a CAAHEP- Accredited Program**

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

### **5. Requesting Inactive Status of a CAAHEP- Accredited Program**

Inactive status for any accredited program may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the CoAES and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and CoAES. The sponsor will be notified by the CoAES of additional requirements, if any, that must be met to restore active status.



If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

## **B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process**

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the CoAES forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the CoAES forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The CoAES' reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the CoAES forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The CoAES' reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the CoAES arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP “Appeal of Adverse Accreditation Actions” is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

**Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.**

## Appendix B

### Curriculum for Educational Programs in Personal Training

#### Performance Domains and Associated Competencies

The curriculum for programs in Exercise Sciences must include the performance domains and associated competencies listed below.

<b>DOMAIN I: CLIENT INTERVIEW AND ASSESSMENT</b>	
<b>A. Foundational Knowledge Anatomy</b>	
I.A.1.a	Knowledge of basic medical terminology for the cardiovascular, musculoskeletal and metabolic systems.
I.A.1.b	Knowledge of common terminology for pathophysiology of cardiovascular, musculoskeletal and metabolic systems.
I.A.1.c	Knowledge of the anatomy and physiology of the cardiovascular and pulmonary systems.
I.A.1.d	Knowledge of the anatomy of bone, skeletal muscle, and connective tissues.
I.A.1.e	Knowledge of the anatomy and physiology of skeletal muscle fiber, the characteristics of fast-and slow-twitch muscle fibers, and the sliding filament theory of muscle contraction.
I.A.1.f	Knowledge of the location and function of the major muscles and muscle groups (e.g., pectoralis major, trapezius, latissimus dorsi, biceps, triceps, rectus abdominis, internal and external obliques, erector spinae, gluteus maximus, quadriceps, hamstrings, adductors, abductors, gastrocnemius).
I.A.1.g	Knowledge of the types of muscle actions (e.g., eccentric, concentric, isometric).
I.A.1.h	Knowledge of the stretch reflex, proprioceptors, golgi tendon organ (GTO), muscle spindles, and their function.
I.A.1.i	Knowledge of the major joints and their associated movement.
I.A.1.j	Knowledge of the muscles responsible for joint stability and movement.
I.A.1.k	Knowledge of the spinal anatomy and common assessments of postural alignment.
I.A.1.l	Knowledge of the special and movement terms: anterior, posterior, proximal, distal, inferior, superior, medial, lateral, supination, pronation, flexion, extension, adduction, abduction, hyperextension, rotation, circumduction, agonist, antagonist, and stabilizer.
I.A.1.m	Knowledge of the planes and axes in which each movement action occurs.
I.A.1.n	Knowledge of the interrelationships among center of gravity, base of support, balance, stability, posture, and proper spinal alignment.
<b>DOMAIN I: CLIENT INTERVIEW AND ASSESSMENT</b>	
<b>B. Foundational Knowledge Health, Nutrition and Weight Management</b>	
I.B.1.a	Knowledge of weight management terminology including, but not limited to, obesity, overweight, percent fat, BMI, lean body mass (LBM), fat-free mass (FFM), resting metabolic rate (RMR).
I.B.1.b	Knowledge in the relationship between bodyweight and bodyfat and health.
I.B.1.c	Knowledge of energy and non-energy yielding nutrients and basic nutritional recommendations/guidelines.
I.B.1.d	Knowledge of the role of carbohydrates, fats and proteins for aerobic and anaerobic metabolism and resting and exercise homeostasis.
I.B.1.e	Knowledge of caloric density of carbohydrates, fats, protein, and alcohol.
I.B.1.f	Knowledge of energy nutrient balance and basic food timing.
I.B.1.g	Knowledge of micro-nutrient needs for individuals at risk.
I.B.1.h	Knowledge of hydration for health and exercise.
I.B.1.i	Knowledge of eating disorders and associated signs and symptoms.
I.B.1.j	Knowledge of the relationship between diet, physical inactivity and common chronic diseases (e.g., atherosclerosis, type II diabetes, obesity, dyslipidemia, arthritis, low back pain, hypertension).

I.B.1.k	Knowledge of factors that affect healthy weight/body composition.
I.B.1.l	Knowledge of the dynamic inter-relationship between fitness level, body composition, stress and overall health.
<b>DOMAIN I: CLIENT INTERVIEW AND ASSESSMENT</b>	
<b>C. Determine client's readiness to participate in a health-related physical fitness assessment and exercise program.</b>	
I.C.1.a	Knowledge of pre-activity screening procedures and tools that provide accurate information about the individual's health/medical history, current medical conditions, risk factors, sign/symptoms of disease, current physical activity habits, and medications.
I.C.1.b	Knowledge of the key components included in informed consent and its benefits/limitations.
I.C.1.c	Knowledge of the components of a health-history questionnaire (e.g., past and current medical history, family history of cardiac disease, orthopedic limitations, prescribed medications, activity patterns, nutritional habits, stress and anxiety levels, smoking and alcohol use).
I.C.1.d	Knowledge of the major signs or symptoms suggestive of cardiovascular, musculoskeletal and metabolic disease.
I.C.1.e	Knowledge of risk factors or conditions that may require medical referral.
I.C.1.f	Skill in using and reviewing pre-activity screening documents to determine the need for medical clearance prior to exercise and to select appropriate physical fitness assessment protocols.
I.C.1.g	Knowledge of risk factors that may be favorably modified by physical activity habits.
I.C.1.h	Skill in pre-activity resting test battery including heart rate, blood pressure and body fat.
I.C.1.i	Skill in reviewing pre-activity screening for exercise testing and program determinations.
<b>DOMAIN I: HEALTH AND FITNESS ASSESSMENT</b>	
<b>D. Determine and administer physical fitness assessments for apparently healthy clients and those with controlled disease.</b>	
I.D.1.a	Knowledge of the components of health-related and performance-related physical fitness and how they affect health and function.
I.D.1.b	Knowledge of selecting the most appropriate testing protocols for each participant based on client's information and capabilities.
I.D.1.c	Knowledge of the pre-testing protocols for the components of health-related fitness.
I.D.1.d	Knowledge of fitness tests and the testing procedure for each of the health-related components of fitness.
I.D.1.e	Skills in administering exercise tests for the health-related components of fitness.
I.D.1.f	Knowledge of factors that affect fitness assessments including common medications and substances on exercise testing and test sequencing.
I.D.1.g	Skill in monitoring techniques before, during, and after fitness testing.
I.D.1.h	Knowledge of test termination criteria and proper procedures to be applied after discontinuing health fitness tests.
I.D.1.i	Skill in analyzing, interpreting and documenting fitness test results.
I.D.1.j	Skill in using the test results to form an exercise prescription.
I.D.1.k	Skill in setting effective and achievable goals.
I.D.1.l	Skill in modifying protocols and procedures for testing children, adolescents, older adults and individuals with special considerations.
I.D.1.m	Knowledge of program tracking and re-evaluation.
I.D.1.n	Skill in record keeping, program and risk factor tracking.
<b>DOMAIN I: HEALTH AND FITNESS ASSESSMENT</b>	
<b>E. Conduct and interpret anthropometric and body composition assessments.</b>	
I.E.1.a	Knowledge of the advantages, disadvantages and limitations of body composition techniques.
I.E.1.b	Knowledge of the standardized descriptions of circumference and skinfold sites.
I.E.1.c	Knowledge of procedures for determining BMI and taking skinfold and circumference measurements.
I.E.1.d	Knowledge in use of terms fat-free mass, lean mass, and fat mass

I.E.1.e	Knowledge of the health implications of variation in body fat distribution patterns and the significance of BMI, waist circumference, and waist-to-hip ratio.
I.E.1.f	Knowledge in interpreting finding and categorizing clients by underweight, healthy, overweight and obese
I.E.1.g	Knowledge of the relationship between body fat distribution and health.
I.E.1.h	Skill in locating anatomic landmarks for skinfold and circumference measurements.
I.E.1.i	Skill in analyzing and documenting the results of anthropometric and body composition assessments.
I.E.1.j	Knowledge of metabolic rate and calculations methods
<b>DOMAIN II: EXERCISE PRESCRIPTION AND IMPLEMENTATION</b>	
<b>A. Create safe and effective exercise programs.</b>	
II.A.1.a	Skill in creating a needs analysis from client data to formulate an individualized program
II.A.1.b	Knowledge of the program design guidelines and principles that promote improvements in muscular strength, muscular endurance, cardiorespiratory fitness, body composition, and/or flexibility.
II.A.1.c	Knowledge of anaerobic, aerobic, and flexibility-based exercise program requirements and framework including proper order.
II.A.1.d	Knowledge of the factors that affect adaptation rate and magnitude to specific exercise stress.
II.A.1.e	Knowledge of the principles of reversibility, progressive overload, individual differences and specificity of training, and how they relate to exercise prescription.
II.A.1.f	Knowledge of the applications of aerobic and anaerobic training systems in exercise programs.
II.A.1.g	Knowledge in establishing starting points based on client's capabilities.
II.A.1.h	Knowledge of program development for specific client needs.
II.A.1.i	Knowledge of the interaction of aerobic and anaerobic energy systems in exercise adaptations.
II.A.1.j	Knowledge of the use of managing the energy systems in determining adaptation specific outcomes.
II.A.1.k	Knowledge in the relationship of work recovery ratios for energy system specificity.
II.A.1.l	Knowledge of exercise frequency, intensity, duration, and volume on adaptations.
II.A.1.m	Knowledge of determining exercise intensity for aerobic and anaerobic adaptations.
II.A.1.n	Knowledge of the physiologic responses associated with acute bouts of exercise.
II.A.1.o	Knowledge of the physiologic adaptations following chronic exercise.
II.A.1.p	Knowledge of the components and sequencing incorporated into an exercise session including warm-up and cool-down.
II.A.1.Q	Knowledge of the role of warm-up and cool-down.
II.A.1.r	Skill in writing comprehensive, individualized exercise programs for specific goals.
II.A.1.s	Knowledge of the basic principles of exercise progression.
II.A.1.t	Skill in designing safe and effective training programs.
II.A.1.u	Skill in monitoring programs effectiveness and modifying the program based on need.
II.A.1.v	Knowledge of the psychological and physiological signs and symptoms of overtraining.
II.A.1.w	Knowledge of the signs and symptoms of common musculoskeletal injuries associated with exercise (e.g., sprain, strain, bursitis, tendonitis).
<b>DOMAIN II: EXERCISE PRESCRIPTION AND IMPLEMENTATION</b>	
<b>B. Implement aerobic exercise prescriptions for apparently healthy clients and those with controlled disease based on current health status, fitness goals and availability of time</b>	
II.B.1.a	Knowledge in the adaptation specificity with different types of aerobic training.
II.B.1.b	Knowledge of the steady state vs interval training.
II.B.1.c	Knowledge of the minimal threshold required for health versus fitness development.
II.B.1.d	Knowledge in appropriate starting intensity, duration and frequency to avoid injury and enhance compliance.
II.B.1.e	Knowledge in constructing an aerobic exercise program using appropriate training systems.
II.B.1.f	Skill in calculating exercise intensities based on HRmax, HRR and RPE.
II.B.1.g	Skill in implementing exercise prescription guidelines for apparently healthy clients, clients with special needs, and clients with controlled disease.
II.B.1.h	Skill in determining appropriate exercise frequency, intensity, time and type for clients with various fitness levels.
II.B.1.i	Skill in modifying programs to prevent detraining effect.
II.B.1.j	Skill in teaching and demonstrating the use of a variety of cardiovascular exercise equipment.
<b>DOMAIN II: EXERCISE PRESCRIPTION AND IMPLEMENTATION</b>	
<b>C. Implement anaerobic exercise prescriptions for for apparently healthy clients and those with controlled disease based on current health status, fitness goals and availability of time.</b>	

II.C.1.a	Knowledge of the recommended exercise prescription framework for the development of muscular strength, hypertrophy, muscular endurance and flexibility.
II.C.1.b	Knowledge of the minimal threshold of physical activity required for health benefits and fitness development.
II.C.1.c	Knowledge of safe and effective exercises designed to enhance muscular fitness.
II.C.1.d	Knowledge in musculoskeletal strength for health.
II.C.1.e	Knowledge of exercises for movement enhancement and function.
II.C.1.f	Knowledge of exercises for specific muscular adaptations including open and closed kinetic chain.
II.C.1.g	Knowledge of contraindications and potential risks associated with muscular conditioning activities.
II.C.1.h	Knowledge of the types of resistance training modalities and when they should be used (e.g., total body, split routine) and modalities (e.g., free weights, variable resistance equipment, pneumatic machines, bands).
II.C.1.j	Knowledge of spotting techniques for injury prevention and exercise assistance with different training modalities.
II.C.1.k	Knowledge of acute (e.g., load, volume, sets, repetitions, rest periods, order of exercises) and chronic training variables (e.g., periodization).
II.C.1.l	Knowledge of recovery requirements and delayed onset muscle soreness (DOMS).
II.C.1.m	Knowledge of different flexibility techniques (e.g., static, dynamic, PNF)
II.C.1.n	Knowledge of safe and effective stretches that enhance flexibility and those that are contraindicated.
II.C.1.o	Skill in programming different flexibility training techniques.
II.C.1.p	Skill in integrating flexibility into the warm-up and cool-down
II.C.1.q	Knowledge of the importance of performing periodic evaluations of changes in fitness status.
II.C.1.r	Skill in recognizing the need for modifications and progression to exercise prescriptions.
II.C.1.s	Knowledge of the effects of environmental conditions on the physiologic response to exercise and modifications necessary for safe participation including acclimation (e.g., altitude, variable ambient temperatures, humidity, environmental pollution).
<b>DOMAIN II: EXERCISE PRESCRIPTION AND IMPLEMENTATION</b>	
<b>D. Implement a general weight management program as indicated by personal goals, as needed.</b>	
II.D.1.a	Knowledge of exercise prescriptions for achieving weight related goals, including weight gain, weight loss, and weight maintenance using safe timelines.
II.D.1.d	Knowledge of the relationship between exercise type and body composition.
II.D.1.e	Knowledge of methods for modifying body composition including diet, exercise, and behavior modification.
II.D.1.h	Knowledge of the relationship between kilocalorie expenditures and weight loss.
II.D.1.j	Knowledge of the relevance of food timing before, during, and after exercise.
II.D.1.p	Knowledge of the physiology and pathophysiology of overweight and obese clients.
II.D.1.q	Knowledge of the recommended exercise prescription framework and modifications for participants who are overweight or obese.
II.D.1.r	Knowledge of comorbidities and musculoskeletal conditions associated with overweight and obesity that may require medical clearance and/or modifications to exercise testing and prescription.
<b>DOMAIN II: EXERCISE PRESCRIPTION AND IMPLEMENTATION</b>	
<b>E. Prescribe and implement exercise programs for special populations.</b>	
II.E.1.a	Knowledge of exercises that are contraindicated for specific special populations.
II.E.1.b	Knowledge of the recommended exercise prescription principles and modifications for special populations.
II.E.2.c	Skill in progressing exercise programs safely and effectively.
II.E.2.d	Skill in modifying the exercise prescription and/or exercise choice for clients with diseases and health conditions.
II.E.1.e	Knowledge of changes associated with aging across the lifespan and their effect on physical activity and health.
II.E.1.f	Skill in modifying cardiovascular, flexibility, and resistance exercises based on age, functional capacity and physical condition.
II.E.1.g	Knowledge of techniques for the development of exercise prescriptions for children, adolescents and older adults with regard to strength, functional capacity, and motor skills.
II.E.1.h	Knowledge of the recommended exercise prescription framework for the development of cardiorespiratory fitness, muscular fitness and flexibility in apparently healthy children and adolescents.

II.E.1.i	Knowledge of the effects of the aging process on the musculoskeletal and cardiovascular structures and functions during rest, exercise, and recovery.
II.E.1.j	Knowledge of the recommended exercise prescription framework necessary for the development of cardiorespiratory fitness, muscular fitness, balance, and flexibility in apparently healthy, older adults.
II.E.1.l	Knowledge of the recommended frequency, intensity, type, and duration of physical activity necessary for the development of cardiorespiratory fitness, muscular fitness and flexibility with special considerations (children, adolescents, older adults, apparently healthy pregnant women).
II.E.2.m	Skill in teaching and demonstrating appropriate exercises for healthy populations with special considerations.
II.E.2.n	Skill in modifying exercises based on age, physical condition, and current health status.
<b>DOMAIN III: TRAINING INSTRUCTION AND MODIFICATION</b>	
<b>A. Implement proper training techniques and modifications for safe exercise.</b>	
III.A.1.a	Knowledge in proper biomechanics during aerobic and anaerobic exercise
III.A.1.b	Skill in instructing safe exercise technique using resistance training modalities
III.A.1.c	Skill in instructing proper training technique for flexibility and mobility
III.A.1.d	Skill in properly setting up or adjusting equipment for proper client biomechanics
III.A.1.e	Skill in proper spotting techniques
III.A.1.f	Skill in identifying improper exercise techniques and modifying exercise appropriately.
III.A.1.g	Knowledge in regressing and progressing exercise technique
III.A.1.h	Skill in identifying and modifying improper technique in the use of exercise equipment (e.g., stability balls, weights, bands, resistance bars, suspension equipment).
III.A.1.i	Knowledge of appropriate rest and hydration during activity and signs of acute overtraining
III.A.1.j	Skill in teaching and demonstrating appropriate exercises for enhancing musculoskeletal flexibility and mobility.
III.A.1.k	Skill in teaching and demonstrating safe and effective muscular strength and endurance exercises (e.g., free weights, weight machines, resistive bands, Swiss balls, body weight).
III.A.1.l	Skill in evaluating exercise setting to ensure client safety.
<b>DOMAIN IV: PROFESSIONAL PRACTICE</b>	
<b>A. Engage in professional practices.</b>	
IV.A.1.a	Knowledge of pre-activity screening, medical release and waiver of liability for normal and at-risk participants.
IV.A.1.b	Knowledge of emergency action plan (EAP); response systems and procedures.
IV.A.1.c	Knowledge of the components for ethical standards and scope of practice in the health/fitness industry.
IV.A.1.d	Knowledge of continued education requirements and professional development.
IV.A.1.e	Skill in maintaining a safe exercise environment (e.g., equipment operation and regular maintenance schedules, safety and scheduled maintenance of exercise areas, overall facility maintenance, proper sanitation, proper signage).
IV.A.1.f	Knowledge of the laws that govern the scope of the profession.
IV.A.1.g	Knowledge of liability associated with recommending supplements and ergogenic aids.
IV.A.1.h	Knowledge of safety plans, emergency procedures and first-aid techniques needed during fitness evaluations, exercise testing, and exercise training.
IV.A.1.i	Knowledge of potential health issues and injuries that would prevent a person from acute exercise.
IV.A.1.j	Skill in applying basic life support, first aid, cardiopulmonary resuscitation, and automated external defibrillator techniques.