

2012 Accredited Exercise Physiologist Application Form

Before completing the application form please read the following points.

This application form is relevant for all applicants applying from January 1st 2012. Please see page 3 for details of the changes to the accreditation requirements in 2012.

This application form should be read, and completed with a copy of the AEP Frequently Asked Questions (FAQs).

To apply for exercise physiology accreditation applicants must:

- Be a **financial exercise science/full member** of Exercise & Sports Science Australia.
- It is a prerequisite for Accreditation as an Exercise Physiologist (AEP) that the candidate has a degree from the field of exercise and sports science and has previously met all criteria for eligibility as an Exercise Science/ full member of ESSA. An Exercise Science/full member application may accompany this application.
- Provide evidence of practicum. **ESSA requires a minimum of 500 hours practicum.** Applicants for AEP accreditation must provide evidence of:
 1. a minimum of 140 hours of practicum gained with apparently healthy clients;
 2. a minimum of 360 clinical hours of practicum gained with clinical populations, split across the two (2) target pathology categories, with the option of completing other clinical hours in other approved areas:
 - a) a minimum of 140 hours neuromuscular / neurological / musculoskeletal practicum;
 - b) a minimum of 140 hours metabolic / cardiopulmonary practicum; and
 - c) a maximum of 80 other clinical hours practicum from other clinical health delivery.
- Applicants must demonstrate that at least 60% of their practicum involved face to face delivery of exercise services. Activities that are suitable for practicum include;
 1. a minimum of 60% (at least 215 hours) for face to face delivery of exercise services;
 2. a maximum of 35% (up to 125 hours) for preparation for exercise delivery, observation and other activities related to the scope of practice of AEPs; and
 3. a maximum of 5% (up to 20 hours) for administrative tasks.
- Applicants must undertake supervision with appropriately trained supervisors. These include:
 1. an AEP;
 2. an exercise professional with, or capable of attaining, full membership of ESSA; or
 3. a university-trained allied health professional with experience in exercise delivery.
 4. under extenuating circumstances other supervisors can be used. Please refer to the AEP FAQs for more information.
- All new applications received by ESSA must demonstrate that for those components of clinical practicum that involve exercise prescription, at least some of the hours must be supervised by an AEP.
- Clinical supervisor: student ratios may be up to 1: 5, with the proviso that there must be some 1: 1 contact for each placement.
- Hours completed from 2008 must be documented in the ESSA Clinical logbook.
- Applications will not be assessed until a complete application has been received by the office.
- If we require you to submit further information for your application to be approved, you have 3 months to supply this to us. If we do not receive this a \$50 administration fee will be charged.
- Applications received by fax will not be accepted;
- Please allow 28 days (from the date your application is received) for your application to be assessed and processed;
- ESSA assesses applications in order of arrival to the National Office. No applications will be fast-tracked, or assessed ahead of other applications.

Please use the following table as your checklist. ESSA will not assess any incomplete applications.

	Application Page Reference	Tick when completed
BEFORE SUBMITTING THIS APPLICATION FORM PLEASE READ AND COMPLETE THE FOLLOWING POINTS		
1. Read the application form in its entirety	Pages 3 -24	
2. Read the AEP frequently asked questions	View website	
3. Complete personal details (section A)	Page 4	
4. Complete professional declaration (section B)	Page 5	
5. List two (2) professional referees (section C)	Page 6	
6. Detail complete university studies (section D)	Page 7	
7. Provide official and final Academic Transcript a) Copies must be signed and authenticated by a Justice of the Peace or notary.	ATTACH TO APPLICATION	
8. Complete the Evidence-Based Criteria Table (section E and Appendix A) The generic criteria (section A of the criteria) and the clinical hours are considered essential elements for accreditation. Applicants must provide evidence for all the generic criteria plus verifiable documentation of clinical hours. Flexibility will be shown in the assessment of the criteria relating to specific areas (sections B-F of the criteria). Although considered necessary for an AEP to practise effectively and safely, it is recognised that some applicants may not be able to meet all criteria in section B-F, but that these applicants should not necessarily be prevented from gaining accreditation. **This can be completed in Word, please adjust columns as needed.	Pages 8-9 and Appendix A Pages 18-24	
9. Supply Clinical Practicum Reference Forms (section F) ** Attach Clinical Practicum Reference Forms to the front of your log books. These forms must reflect your clinical practicum logbook hours, and must be completed by all practicum supervisors. Supervisor(s) of students for the clinical practicum must be one of these: (i) an AEP; (ii) an exercise professional with or capable of attaining, full membership of ESSA; or (iii) a university-trained allied health professional with experience in exercise delivery. All new applications received by ESSA must demonstrate that for those components of clinical practicum that involve exercise prescription, at least some of the hours must be supervised by an AEP.	Pages 10-15	
10. Practicum summary page	Page 10	
11. Attach Clinical Practicum Logbooks ** Attach your log books to the Clinical Practicum Reference Forms and attach both to your application a) Logbooks must be supplied for all hours completed from 1 st January 2008. The ESSA logbook template can be downloaded from the ESSA website.	Page 11 View website	
11. Complete statutory declaration (section G)	Page 16	
12. Enclose copies of unit of study overviews (unit outlines) for all subjects studied These must be supplied via clearly marked numerical tabs.	ATTACH TO YOUR APPLICATION	
13. Provide a current resume		
14. Supply evidence of currency for First Aid/ CPR Please ensure that your first aid and/or CPR certificate is valid for at least 28 days on submission of your application.		
15. Include accreditation payment of \$310.00 (GST incl.) Please enclose a cheque/money order for your accreditation fee or complete the Credit Card Payment Slip. Cheques should be made payable to Exercise & Sports Science Australia. Please also make sure your Exercise Science/ Full membership are current.	Page 4	
16. Send Application Form to: Exercise & Sports Science Australia (ESSA) The Assessment Team PO Box 123 Red Hill QLD 4059		
17. Help resources 1. FAQs 2012 2. Practicum summary table 3. Logbook example 4. Evidence Based Criterion Table example		

Important changes to accreditation guidelines from 2012

Applicants will be required to meet all knowledge criteria of the evidence based criteria table via university studies. Undergraduates from three year programs will need to undertake further postgraduate study to gain accreditation.

Those considering AEP accreditation that have previously graduated from university, and are no longer enrolled in university study will not be able to undertake practicum to meet the knowledge requirements.

Implementation date	Change to individual AEP accreditation criteria
January 1, 2012	<p>Individual AEP applicants must demonstrate that all knowledge criteria are met through formal university study*. It will no longer be possible for applicants to meet these criteria through continuing education and work experience. It is unlikely that graduates from a 3 year degree will meet the requirements for accreditation without undertaking additional study.</p> <p><i>*It is recommended that applicants refer to the knowledge criteria in appendix A found on pages 19 – 25 of the application form. You will need to match your units of study with these criteria.</i></p>
January 1, 2013	<p>Individual AEP applicants must demonstrate that all application/skill criteria are met through formal university study* and/or approved practicum experience*.</p> <p><i>Where an application/skill criterion is met through formal university study, the applicant must provide evidence that the specific criterion was assessed as part of the study (e.g. copy of course outline or description of assessment piece).</i></p> <p><i>Where an application/skill criterion is met through approved practicum experience, the applicant must provide evidence that the specific criterion was formally assessed by the practicum supervisor*.</i></p> <p>From this date, individual AEP applicants must ensure that all practicum experience has been gained during, or following, their course of study. It is expected that applicants will have undertaken relevant prerequisite units of study (e.g. exercise prescription) prior to undertaking supervised practicum experience (except observational experience). Experience gained prior to undertaking formal university study will not be recognised as approved practicum experience.</p>
January 1, 2014	<p>AEP applications will only be accepted from graduates of NUCAP approved courses. As part of NUCAP approval, all knowledge and skills criteria and practicum experience requirements must be met through the accredited university course.</p>

***Notes and definitions:** *Formal university study* includes coursework completed at undergraduate or postgraduate level. *Approved practicum experience* includes work experience, paid or unpaid, that is appropriately supervised. *Formal assessment of application criteria* may be undertaken by the university unit or the practicum supervisor.

Accredited Exercise Physiologist Application Form

Please complete the following personal details:

Section A – Personal Details

Title Given Names Surname
Email *This is required for your website login DOB

Postal Address

Address
Town/Suburb State Postcode
Phone Fax

Work Address

Address
Town/Suburb State Postcode
Phone Fax
Mobile

Current Employment

Previous Position/ Title

Payment Details

Card Type (Please select) VISA MasterCard
Cardholders Name _____ Expiry of Card ____ / ____ (month/year)
Card Number
I authorise Exercise & Sports Science Australia to debit my credit card for the amount of **\$310.00**. Yes No
Signature Date

Section B - Declaration

Declaration

a) I certify that the information supplied on and with this form is true and correct.

Applicants Signature

Date

b) If accepted by the association as an accredited exercise physiologist I agree to abide by the ESSA Code of Ethics.

Applicants Signature

Date

Section C – Professional Referees

Please provide the name and contact details of two (2) professional referees.

Provide here the details of a colleague who is able to comment on your practical involvement in the health and fitness industry (ideally this should be an ESSA member)

You must provide details of two referees

Title Name

Postal address

Phone Fax

Mobile Email

Qualification

Current Position/ Title

Current Employer

Capacity in which applicant is known to the referee

Title Name

Postal address

Phone Fax

Mobile Email

Qualification

Current Position/ Title

Current Employer

Capacity in which applicant is known to the referee

Section D – Qualifications Achieved

Please complete the information below

I have completed the following university qualifications.

Degree	University	Year completed

Total years full time equivalent

I have achieved the following other qualifications and awards (e.g. first aid, continuing education or professional development attendance)

Award	Institution	Year completed

For NUCAP Applicants only

If you completed one of the following NUCAP accredited courses, please tick the relevant course(s) below.

**** You are not required to complete the Evidence-Based Criteria Table (section E) of this application form**

University Name	Course Name	Course Code	Course Completed	Tick
Edith Cowan University	Bachelor of Science (Exercise & Sport Science) + Professional Accreditation 4 Years	M90	From 2010	
	Bachelor of Exercise Science (Exercise & Sport Science)	M90	From 2011	
James Cook University	Bachelor of Exercise Physiology (clinical) – Townsville	71210	From 2011	
	Postgraduate Diploma of Exercise Physiology	75507	From 2011	
Queensland University of Technology	Bachelor of Applied Science*	HM42*	From 2010*	
	Bachelor of Clinical Exercise Physiology	HM44	From 2011	
University of Notre Dame	Graduate Diploma of Exercise Science	4049	From 2011	
University of Queensland	Bachelor of Human Movement Studies (Exercise Science)	2016	From 2010	
	Bachelor of Exercise & Sport Science (Clinical Exercise Physiology Stream)	2314	From 2011	
	Master of Clinical Exercise Physiology	5477	From 2010	
University of Sydney	Bachelor of Applied Science (Exercise Physiology)	SH140	From 2011	
	Master of Exercise Physiology	SC149	From 2011	
University of Western Australia	Bachelor of Exercise Rehabilitation Science	51150	From 2010	
	Graduate Diploma Science (Exercise Rehabilitation)	50300	From 2010	
University of Wollongong	Bachelor of Exercise Science & Rehabilitation	851A	From 2010	
	Bachelor of Exercise Science & Rehabilitation	851-2	From 2011	
	Master of Clinical Exercise Physiology	1617	From 2011	

Section E – Evidence Based Criteria Table

We require that you complete the **evidence based criteria table** to demonstrate how you meet the described knowledge and application criteria as listed at Appendix A.

This form requires the applicant to provide evidence of his/her knowledge and experiences for accreditation as an AEP. ESSA prescribe the following criteria as the minimum standards for practitioners of clinical exercise to work effectively and safely with clients with chronic medical conditions and injuries, and complex care needs.

From January 1st 2012 all knowledge criteria must be met through formal university studies i.e. these criteria cannot be met solely through practicum or work.

The generic criteria (Section A of the criteria) and the clinical hours are considered essential elements for accreditation. Applicants must provide evidence for all the generic criteria plus verifiable documentation of clinical hours.

Flexibility will be shown in the assessment of the criteria relating to specific areas (Sections B-F of the criteria). Although considered necessary for an AEP to practise effectively and safely, it is recognised that some applicants may not be able to meet all criteria in Section B-F, but that these applicants should not necessarily be prevented from gaining accreditation.

The applicant is required to provide evidence from a range of sources including:

- completed university studies,
- continuing education programs,
- supervised clinical practice and/or professional work experience in the area of exercise management for people with chronic and/or complex medical conditions and injuries.

For all university studies please provide unit applicable outlines (including session plan and learning outcomes). **Unit outlines need to be supplied using clearly marked tabs / appendix system.** You will need to complete this table in Word (not written), please adjust columns as needed.

Please complete this table using brief sentences to confirm how the criteria have been met. **For example:**

CRITERION		EVIDENCE				NO EVIDENCE
		UNIVERSITY	PRACTICE	CEP	WORK	
SECTION A: GENERIC CRITERIA						
13	Precautions and contraindications	Exercise prescription xyz. This unit covered modes, intensities, volumes of exercise that may cause deterioration or adverse as well as contraindications for all AEP target pathologies.	During my practicum at xyz I saw clients with various AEP target pathologies and had to be aware of contraindications to prescribe the most safe and effective exercise intervention e.g. during hydrotherapy I made sure clients were well hydrated and used RPE as the warm temperature and exercise load in the water affects HR.		At my current workplace some of my clients have had total hip replacements and I therefore make sure initial exercises do not include hip flexion that exceeds 90 degrees.	

For each criterion, fill in the cell (or cells) in that row which corresponds to the source of your evidence. It is likely that you will fill in more than one cell per criteria. Applicants who cannot show evidence for a particular criterion should tick the 'No Evidence' cell.

Sample forms are available on the ESSA website, refer to www.essa.org.au. Use these as a guide for completing your application form.

ESSA advises applicants to provide accurate information. This needs to be supported by verifiable evidence, rather than trying to manufacture or embellish evidence. Applicants are required to submit their evidence under a statutory declaration.

Please complete the Evidence Based Criteria Table by referring to the descriptors in Appendix A.

CRITERION		EVIDENCE				NO EVIDENCE
		UNIVERSITY	PRACTICE	CEP	WORK	
SECTION A: GENERIC CRITERIA						
SECTION A – GENERIC CRITERIA (must be met)	1.	Scope of Practice				<input type="checkbox"/>
	2.	Compensation schemes: legislation, systems, policies and procedures				<input type="checkbox"/>
	3.	Ethics				<input type="checkbox"/>
	4.	Pathophysiology				<input type="checkbox"/>
	5.	Medical and allied health management: effects on clinical status				<input type="checkbox"/>
	6.	Surgical, medical and allied health interventions: effects on exercise capacity				<input type="checkbox"/>
	7.	Medications: effects on exercise responses				<input type="checkbox"/>
	8.	Exercise interventions: effects on clinical outcomes				<input type="checkbox"/>
	9.	Risk factor stratification				<input type="checkbox"/>
	10.	Assessments of exercise capacity				<input type="checkbox"/>
	11.	Functional capacity, functional conditioning and occupational rehabilitation				<input type="checkbox"/>
	12.	Monitoring				<input type="checkbox"/>
	13.	Safety: precautions and contraindications				<input type="checkbox"/>
	14.	Safety: signs and symptoms				<input type="checkbox"/>
	15.	Design of clinical exercise interventions				<input type="checkbox"/>
	16.	Exercise leadership				<input type="checkbox"/>
	17.	Interpersonal communication and behaviour change				<input type="checkbox"/>
	18.	Communication				<input type="checkbox"/>
	19.	Evidence based practice				<input type="checkbox"/>
SECTION B: CARDIOPULMONARY CRITERIA						
SECTION B	20.	Assessments of exercise capacity in clients with cardiopulmonary conditions				<input type="checkbox"/>
	21.	Assessments of lung function in clients with cardiopulmonary conditions				<input type="checkbox"/>
	22.	Safety: signs and symptoms				<input type="checkbox"/>
	23.	Electrocardiography				<input type="checkbox"/>
SECTION C: METABOLIC CRITERIA						
	24.	Blood tests				<input type="checkbox"/>
	25.	Safety: signs and symptoms				<input type="checkbox"/>

CRITERION		EVIDENCE				NO EVIDENCE
		UNIVERSITY	PRACTICE	CEP	WORK	
SECTION D. MUSCULOSKELETAL CRITERIA						
SECTION D	26.	Assessments of exercise capacity in clients with musculoskeletal conditions				<input type="checkbox"/>
	27.	Exercise interventions				<input type="checkbox"/>
	28.	Safety: Precautions and contraindications				<input type="checkbox"/>
	29.	Safety: Signs and symptoms				<input type="checkbox"/>
SECTION E. NEUROLOGICAL/NEUROMUSCULAR CRITERIA						
SECTION E	30.	Assessments of exercise capacity in clients with neurological/ neuromuscular conditions				<input type="checkbox"/>
	31.	Safety: Precautions and contraindications				<input type="checkbox"/>
	32.	Safety: Signs and symptoms				<input type="checkbox"/>
	33.	Communication				<input type="checkbox"/>
SECTION F. OTHER CONDITIONS						
SECTION F	MENTAL HEALTH					
	34.	Communication				<input type="checkbox"/>
	CANCERS					
35.	Medical and allied health management				<input type="checkbox"/>	

Section F – Practicum summary page

Please complete the following table to indicate your practicum placements and hours undertaken. Please total your hours for each practicum category.

	Practicum site	Apparently Healthy Practicum (Min 140 hours)	Cardiopulmonary/Metabolic Practicum (Min 140 hours)	Musculoskeletal/Neurological/Neuromuscular Practicum (Min 140 hours)	Other Clinical Health Deliver Practicum (Max 80 hours)
1	<i>Example- Royal Brisbane Hospital</i>		<i>156 hours</i>		<i>40 hours</i>
2	<i>Fitness First</i>	<i>140 hours</i>			
3	<i>Physio Fit</i>			<i>200 hours</i>	
4					
5					
6					
7					
8					
9					
10					
Total					

Section G – Clinical Practicum Reference Forms

Apparently Healthy Practicum

Reference for:

Dear Colleague,

The above applicant has applied for specialist accreditation by Exercise & Sports Science Australia (ESSA) as an exercise physiologist (AEP). Requirements of this accreditation include a minimum of 140 hours practicum with **apparently healthy clients**.

Could you please complete the following form based on your experience with the above applicant:

Skills and Experience

In the following table, please provide evidence of the practicum you have gained in the relevant area of apparently healthy clients: *(expand boxes where necessary)*

Breakdown of Practicum hours (a minimum total of 140 hours)	Total hours and dates*	Evidence of specific roles and duties completed	Site / Location	Competent	Not Competent	Not able to comment	Name and signature of referee
Minimum of 60% (at least 84 hours) for face to face delivery of exercise services				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maximum of 35% (up to 49 hours) for preparation for face to face delivery, observation and other activities related to the scope of practice of AEPs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maximum of 5% (up to 7 hours) for administrative tasks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Clinical supervisor: student ratios may be up to 1:5, with the proviso that there must be some 1:1 contact for each placement.

Declaration: (To be completed by each referee listed in the table above)

I certify that the information supplied is true and correct

Signature

Date

Title

Name

Background in exercise physiology (brief summary only): I'm an AEP

Phone

Fax

Email

Please attach this form to your Apparently Healthy Practicum logbook.

Section G – Clinical Practicum Reference Forms (cont)

Neurological/ Neuromuscular/ Musculoskeletal Practicum

Reference for:

Dear Colleague,

The above applicant has applied for specialist accreditation by Exercise & Sports Science Australia (ESSA) as an exercise physiologist (AEP). Requirements of this accreditation include a minimum of 140 hours practicum in the area of **neuromuscular/neurological/musculoskeletal conditions**.

Could you please complete the following form based on your experience with the above applicant:

Patient Exposure

Please tick the types of clients the applicant has gained experience with:

- Neurological / Neuromuscular**
- Stroke (CVA) Spinal cord injury (SCI) Acquired brain injury (ABI) Parkinson's Disease
- Multiple Sclerosis (MS) Other (please describe)
- Musculoskeletal**
- Arthrides (esp. OA and RA) Osteoporosis Sub-acute and chronic specific and non-specific musculoskeletal pain / injuries
- Other (please describe)

Skills and Experience

In the following table, please provide evidence of the clinical practice you have gained in the relevant area of neuromuscular/ neurological/ musculoskeletal clients: *(expand boxes where necessary)*

Breakdown of Practicum hours (a minimum total of 140 hours)	Total hours and dates*	Evidence of specific roles and duties completed	Site / Location	Competent	Not Competent	Not able to comment	Name and signature of referee
Minimum of 60% (at least 84 hours) for face to face delivery of exercise services				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maximum of 35% (up to 49 hours) for preparation for face to face delivery, observation and other activities related to the scope of practice of AEPs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maximum of 5% (up to 7 hours) for administrative tasks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- From 1st July 2010 ESSA requires that, 'those components of clinical practice that involve exercise prescription, at least some of the hours must be supervised by an AEP'.
- Clinical supervisor: student ratios may be up to 1:5, with the proviso that there must be some 1:1 contact for each placement.

Declaration: (To be completed by each referee listed in the table above)

I certify that the information supplied is true and correct

Signature

Date

Title

Name

Background in exercise physiology (brief summary only): I'm an AEP

Phone

Fax

Email

Section G– Clinical Practicum Reference Forms (cont)

Metabolic/ Cardiopulmonary Practicum

Reference for:

Dear Colleague,

The above applicant has applied for specialist accreditation by the Exercise & Sports Science Australia (ESSA) as an exercise physiologist (AEP). Requirements of this accreditation include a minimum of 140 hours practical placements in the areas of **metabolic / cardiopulmonary conditions**.

Could you please complete the following form based on your experience with the above applicant:

Client Exposure

Please tick the types of clients the applicant has gained experience with:

- | | | | | |
|------------------------|--|--|--|--|
| Metabolic | <input type="checkbox"/> Obesity | <input type="checkbox"/> Impaired glucose | <input type="checkbox"/> Dyslipidaemias | <input type="checkbox"/> Diabetes Mellitis |
| Cardiopulmonary | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Asthma | <input type="checkbox"/> Coronary artery disease | <input type="checkbox"/> COPD |
| | <input type="checkbox"/> Peripheral vascular disease | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Myocardial infarction | |
| | <input type="checkbox"/> Chronic heart failure | <input type="checkbox"/> Other (please describe) | | |

Skills and Experience

In the following table, please provide evidence of the clinical practice you have gained in the relevant area of metabolic / cardiopulmonary conditions: *(expand boxes where necessary)*

Breakdown of Practicum hours (a minimum total of 140 hours)	Total hours and dates*	Evidence of specific roles and duties completed	Site / Location	Competent	Not Competent	Not able to comment	Name and signature of referee
Minimum of 60% (at least 84 hours) for face to face delivery of exercise services				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maximum of 35% (up to 49 hours) for preparation for face to face delivery, observation and other activities related to the scope of practice of AEPs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maximum of 5% (up to 7 hours) for administrative tasks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- From 1st July 2010 ESSA requires that, 'those components of clinical practice that involve exercise prescription, at least some of the hours must be supervised by an AEP'.
- Clinical supervisor: student ratios may be up to 1: 5, with the proviso that there must be some 1: 1 contact for each placement.

Declaration: (To be completed by each referee listed in the table above)

I certify that the information supplied is true and correct

Signature

Date

Title

Name

Background in exercise physiology (brief summary only): I'm an AEP

Phone

Fax

Email

Section G – Clinical Practicum Reference Forms (cont)

Other Clinical Health Delivery Practicum

Reference for:

Dear Colleague,

The above applicant has applied for specialist accreditation by Exercise and Sports Science Australia (ESSA) as an exercise physiologist (AEP). Applicants may choose to participate in 80 hours supervised clinical placement of other health delivery. The activities approved under the 80 other clinical hours may occur in isolation (without a related exercise intervention).

The 'other' clinical hours can include:

1. Provision of exercise delivery for pathologies related to cancers, mental health, renal, or other pathologies: the purpose of this is to give students opportunities to strengthen their knowledge and develop competencies in these areas;
2. Provision of exercise delivery for pathologies in the target pathology categories (i.e. cardiopulmonary / metabolic and neurological / neuromuscular / musculoskeletal): the purpose of this is to give students further opportunities to strengthen their knowledge and develop competencies in these areas;
3. Diagnostic investigations or procedures (e.g. cardiac, pulmonary or other clinical investigations or procedures);
4. Health Checks (e.g. point of care testing);
5. Case management;
6. Health promotion, health education or workplace health programs;
7. Other related activities as described in the AEP generic and target pathology criteria (of the evidence based criteria table. See FAQ 5.0).

Could you please complete the following form based on your experience with the above applicant:

Skills and Experience

In the following table, please provide evidence of the clinical practice you have gained in the relevant area of other health delivery: *(expand boxes where necessary)*

Total hours and dates*	Evidence of specific roles and duties completed	Site / Location	Competent	Not Competent	Not able to comment	Name and signature of referee
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Clinical supervisor: student ratios may be up to 1 : 5, with the proviso that there must be some 1 : 1 contact for each placement.

Declaration: (To be completed by each referee listed in the table above)

I certify that the information supplied is true and correct

Signature

Date

Title

Name

Background in exercise physiology (brief summary only): I'm an AEP

Phone

Fax

Email

Please attach this form to your Other Clinical Health Delivery Practicum logbook.

Section H – Statutory Declaration

**Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959**

1 *Insert the name, address and occupation of person making the declaration*

I,¹ (name) , of

(address)

And of (occupation)

make the following declaration under the *Statutory Declarations Act 1959*:

2 *Set out matter declared to in numbered paragraphs*

²
do solemnly and sincerely declare ⁽²⁾ that the “attached documentation relating to my application to Exercise and Sports Science Australia (ESSA) for accreditation as an Accredited Exercise Physiologist is complete, accurate, truthful and supported by the evidence.”

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

3 *Signature of person making the declaration*

³

4 *Place*

Declared at ⁴ on ⁵ of ⁶

5 *Day*

6 *Month and year*

Before me,

7 *Signature of person before whom the declaration is made (see over)*

⁷

8 *Full name, qualification and address of person before whom the declaration is made (in printed letters)*

⁸
 (name)

(qualification) of

(address)

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

Note 2 Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

A statutory declaration under the *Statutory Declarations Act 1959* may be made before—

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor	Dentist	Legal practitioner
Medical practitioner	Nurse	Optometrist
Patent attorney	Pharmacist	Physiotherapist
Psychologist	Trademarks attorney	Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)

Bailiff

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Credit union officer with 5 or more years of continuous service

Employee of the Australian Trade Commission who is:

- a) in a country or place outside Australia; and
- b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
- c) exercising his or her function in that place

Employee of the Commonwealth who is:

- a) in a country or place outside Australia; and
- b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
- c) exercising his or her function in that place

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge of a court

Justice of the Peace

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than at the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australian Defence Force who is:

- a) an officer; or
- b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
- c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

- (a) the Parliament of the Commonwealth; or
- (b) the Parliament of a State; or
- (c) a Territory legislature; or
- (d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*

Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public

Permanent employee of:

- (a) the Commonwealth or a Commonwealth authority; or
- (b) a State or Territory or a State or Territory authority; or
- (c) a local government authority;

with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of:

- (a) the Commonwealth or a Commonwealth authority; or
- (b) a State or Territory or a State or Territory authority

Sheriff

Sheriff's officer

Teacher employed on a full-time basis at a school or tertiary education institution

¹ Examples: First Aid, CPR, fitness industry certificates (eg Cert III or IV), vocational diplomas. Certified copies of these must accompany the application.

Appendix A

AEP target pathologies

The ESSA Accreditation Advisory Committee has nominated a list of pathologies for which all AEPs should be clinically competent, but the list is not meant to be exhaustive¹ and AEPs need general competence to deal with other primary and co-morbidities. Any referral to “AEP target pathologies” within this document relates to the conditions listed below. The accreditation system will licence practitioners of clinical exercise science, who may then go on to specialise in particular niche areas of clinical practice. The primary criterion for inclusion on the list of target pathologies is that there is an evidence base of exercise efficacy for the condition. A secondary consideration was that the condition has been identified as a National Health priority.

The current list is as follows. Other conditions will be added as new evidence bases and professional opportunities emerge.

Category	Condition
Cardiopulmonary	Hypertension (HT), coronary artery disease (CAD), peripheral vascular disease (PVD), myocardial infarction (AMI), chronic heart failure (CHF), asthma, COPD, cystic fibrosis (CF)
Metabolic	Obesity, dyslipidaemias, impaired glucose tolerance (IGT), diabetes mellitus (DM)
Musculoskeletal	Arthritides (esp. OA and RA), osteoporosis (OP), sub-acute and chronic specific and non-specific musculoskeletal pain / injuries
Neurological / Neuromuscular	Stroke (CVA), spinal cord injury (SCI), acquired brain injury (ABI), Parkinson’s Disease, Multiple Sclerosis (MS)
Other	Cancers, Depression

AEP scope of work

The AEP delivers clinical exercise services under two broad categories:

1. chronic disease management (rehabilitation and secondary prevention)
2. functional conditioning (incorporating both work conditioning and conditioning for living i.e. activities of daily living)

Evidence-based approach

There are large and expanding bodies of evidence supporting the therapeutic and preventive benefits of exercise for people living with, or who are at risk from, chronic diseases, injuries or disabilities. Significantly, the US Surgeon General’s Report on Physical Activity (1996) concluded that regular exercise confers protection from diseases such as coronary heart disease, hypertension, diabetes mellitus, and some cancers.

Reference: Department of Health and Human Services. Physical activity and health: a report of the US Surgeon General. National Centres for Disease Control, Atlanta, Georgia. 1996.

Criteria for AEP Accreditation

Following are the criteria for accreditation as an AEP. There are two *types of criteria* listed below;

Type 1 - Knowledge; and

Type 2 - Application.

Knowledge refers to possessing and understanding information. All knowledge criteria must be met through formal university study.

Application refers to using new knowledge to develop skills and competencies for practice as a clinical exercise practitioner.

Section A: Generic Criteria

1. Scope of practice

Knowledge

- a. Knowledge of the professional roles available to the Accredited Exercise Physiologist (AEP) within the two broad categories:
 - i. Chronic disease management (rehabilitation and secondary prevention)
 - ii. Functional conditioning (incorporating both work conditioning and conditioning for activities of daily living (ADLs))
- b. Understand the broad classifications of pathology in the context of the AEP
- c. Knowledge of the understanding of the roles of other health practitioners in the context of clinical exercise practice

Application

- d. Articulation of the scope of professional roles available to the AEP
- e. Experience in referring to, and/or use of a referral letter from:
 - i. An allied health professional
 - ii. A medical practitioner

2. Compensation schemes: legislation, systems, policies and procedures

Knowledge

- a. Awareness and understanding of national compensation schemes and legislation that includes clinical exercise practice
- b. Knowledge of Workers Compensation and Compulsory Third Party (CTP) Legislation and Frameworks

Application

- c. Capacity to deliver appropriate Workers Compensation and CTP services in the role of the:
 - i. AEP

- ii. Case manager

3. Ethics

Knowledge

- a. Knowledge of the ESSA Code of Professional Conduct and Ethical Practice

Application

- b. Categorise professional behaviour according to the ESSA Ethics charter

4. Pathophysiology

Knowledge

- a. Knowledge and understanding of pathological and pathophysiological bases of the AEP target pathologies, including diagnostic procedures
- b. Knowledge and understanding of the stages of disease, risk factors, complications and co-morbidities that must be accounted for in exercise interventions

5. Medical and allied health management: effects on clinical status

Knowledge

- a. Knowledge of the purpose, methods and typical clinical outcomes of common surgical, medical and allied health treatments for AEP target pathologies

Application

- b. Access and use information on the effects of common surgical medical and allied health treatments on the clinical status of clients with AEP target pathologies

6. Surgical, medical and allied health interventions: effects on exercise capacity

Knowledge

- a. Knowledge of the typical effects of common surgical, medical and allied health treatments on exercise responses for clients with AEP target pathologies

Application

- b. Access and use information on the effects of common surgical, medical and allied health treatments on the expected acute and chronic exercise responses

7. Medications: effects on exercise responses

Knowledge

- a. Knowledge of the mode of action and indications of medications commonly prescribed in AEP target pathologies
- b. Knowledge of the effects of the following commonly prescribed medication classes on acute and chronic exercise responses:
 - i. Cardiovascular: beta blockers, alpha blockers, angiotensin converting enzyme inhibitors (ACEI), calcium channel blockers, anti-anginal agents, cardiac glycosides (eg. Digoxin), diuretics, statins, anti-arrhythmic agents, anti-thrombogenic agents
 - ii. Respiratory: relievers, symptom controllers, preventers and emergency medicine
 - iii. Metabolic: hypoglycaemic agents, insulin: fast and slow acting, sugar to treat hypoglycaemia, agents to treat obesity. Include sulfonylureas, meglitinides, biguanides, thiazolidinediones, and alpha-glucosidase inhibitors
 - iv. Musculoskeletal: NSAIDs, corticosteroids and opioids
 - v. Neurological / Neuromuscular: anti-spasm medications, psychotropic, anti-depressants

Application

- c. Experience with details of clients' current medications, including:
 - i. Accessing (eg MIMS) information on the actions of prescribed medications
 - ii. Explaining to clients in plain language the purpose(s) of their prescribed medications
 - iii. Explaining to clients the importance of compliance to prescribed medication regimes
 - iv. Accessing and using information on medications with respect to the associated acute and chronic exercise responses

8. Exercise interventions: effects on clinical outcomes

Knowledge

- a. Knowledge of the evidence with regard to mode of exercise, intensity, duration, frequency, volume and progression for AEP target pathologies

Application

- b. Experience with the assessment of clinical outcomes following exercise interventions by:
 - i. Accessing clinical data (eg request data from medical practitioners)
 - ii. Interpreting clinical data (eg blood tests) with reference to the clinical literature
 - iii. Measuring the clinical outcomes (eg blood pressure)

- c. Use the above data to inform one's own practice

9. Risk factor stratification

Knowledge

- a. Knowledge and understanding of typical risk factors (eg biological, socio-cultural, behavioural and environmental), alleviating factors and aggravating factors for AEP target pathologies, and co-morbidities

Application

- b. Selection and application of appropriate instruments to assess the risk of exercise participation for clients with AEP target pathologies, and co-morbidities

10. Assessments of exercise capacity

Application

- a. Experience with using appropriate (to the client and situation) exercise tests, including measurements and observations of aerobic power (predicted or direct VO_{2max} or VO_{2peak}), aerobic endurance, rest and exercise spirometry, muscle strength and endurance, ranges of motion, body composition, static and dynamic postures, core stability, balance, coordination, mobility, gait, movement patterns, functional capabilities, and activities of daily living.
- b. Experience with the determination of safe (client-centred) exercise limits and effective ranges for exercise and physical activity.

11. Functional capacity, functional conditioning and occupational rehabilitation

Knowledge

- a. Knowledge and understanding of the core principles of Occupational Rehabilitation
- b. Knowledge and understanding of the ergonomic principles within workplace environments and how these functionally apply to the individual
- c. Knowledge and understanding of the core principles of case management
- d. Knowledge of Functional Capacity Evaluations (FCE) that are widely used and accepted in industry and professional practice
- e. Knowledge and understanding of how to transfer FCEs into functional conditioning programs and strategies
- f. Knowledge of the tests for activities of daily living (ADLs) that are widely used and accepted in professional practice
- g. Basic understanding of the ergonomic principles within home environments

Application

- h. Experience with:
 - i. The design, processes and responsibilities in development and adherence to treatment plans
 - ii. Conducting workplace ergonomic assessments/worksites visits in order to make functional modifications or recommend suitable duties relative to an individual's capacity and injuries/conditions
 - iii. Providing concise, objective reports and return to work plans which meet the needs of all relevant parties e.g. employee, employer, medical/allied health professionals and insurer and relevant legislative requirements
 - iv. Conduct functional capacity evaluations (both for individuals with injuries/conditions or for Pre Employment Assessments)
 - v. Transfer baseline functional capacity information into functional exercise programs and understand functional body mechanics as it pertains to manual handling in the workplace environment and safe ergonomic principles
 - vi. Experience in the conduct of generic functional capacity /conditioning services
 - vii. Activities of daily living (ADLs)
 - viii. Designed, delivered and evaluated exercise programs to improve ADL capacities in people with AEP target pathologies
 - ix. The ability to conduct ergonomic assessments within home environments

12. Monitoring

Application

- a. The ability to monitor and interpret at rest, exercise and recovery:
 - i. Self-report scales (eg RPE and fatigue, visual analogue scales [VAS], dyspnoea scales, pain, physical activity)
 - ii. Heart rate, rhythm and oxygen saturation (eg palpation, heart rate monitor, ECG, pulse oximetry)
 - iii. Blood pressure
 - iv. Breathing (eg visual observations, spirometry)
 - v. Balance and movement patterns (eg static and dynamic postures, coordination, mobility, gait)

13. Safety: precautions and contraindications

Knowledge

- a. Knowledge of modes, intensities and volumes of exercise that may cause deterioration of clients (physical and/or cognitive) and/or adverse events

Application

- b. Identification of modes, intensities and volumes of exercise that are contraindicated for clients with AEP target pathologies. These should be for acute (eg. Thermoregulation) and chronic (eg adverse remodelling of the heart in heart failure with excess loads) effects of exercise

14. Safety: signs and symptoms

Knowledge

- a. Knowledge of adverse signs and symptoms that may arise during exercise or recovery for the list of AEP target pathologies
- b. Knowledge of when to modify, stop or not start an exercise, test, exercise session or program in the event of the appearance of new or recurring adverse observations or measurements or new or recurring signs or symptoms

Application

- c. Experience in monitoring signs and symptoms before, during and after exercise that may indicate important changes relating to an injury or disease status or progression
- d. Confidence in dealing with clients (either via reassurance and/or referral) for whom a test, exercise session, or program is modified, stopped, or not started due to the presence of signs or symptoms or adverse observations or measurements

15. Design of clinical exercise interventions

Application

- a. Experience in the design, implementation, evaluation, modification and advancement of individual exercises or exercise programs, accounting for:
 - i. Presenting pathology and co-morbidities (may be extracted from referral)
 - ii. Current treatment(s), including medical, pharmacological and allied health
 - iii. Risk factors, aggravating factors, alleviating factors
 - iv. Interpersonal communication
 - v. Goals, likes and dislikes, barriers (eg socio-cultural, socio-economic factors, socio-psychological)
 - vi. Subjective and objective measurements/observations
 - vii. Current exercise and functional capacities
- b. Exercise programs should account for mode, intensity, duration, frequency, volume and progression, and should reflect a concord between AEP and client

16. Exercise leadership

Application

- a. Motivation and leadership of individuals and groups of clients with AEP target pathologies in exercise and physical activity programs; providing feedback to clients, including correcting poor or unsafe techniques

17. Interpersonal communication and behaviour change

Knowledge

- a. Knowledge of basic lifestyle strategies, programs and resources, including government- and community-based population-wide strategies
- b. Knowledge of nutrition at the level needed to provide basic lifestyle advice, with emphasis on AEP target pathologies
- c. Knowledge and understanding of the psychology of living with chronic medical conditions, pain, anxiety, depression, bereavement
- d. Knowledge of strategies to deal with clients who may be hostile, resistant, non-compliant, anxious, depressed, or psychotic
- e. Knowledge and understanding of models of behaviour change
- f. Knowledge of factors that affect long term exercise adherence and concordance, and socio-cultural factors that must be considered in the support of clients in their endeavours towards self-management of healthy lifestyle, exercise and physical activity

Application

- g. Experience in the interview of clients in order to compile a relevant history beyond the referral and risk factor documentation, including: exercise and work histories, the client's perspectives on the cause(s) of disease/mechanisms of injury, co-morbidities, barriers to participation, pain, goals, likes and dislikes, opportunities
- h. Provide assistance and guidance to clients and where appropriate referrers, to develop appropriate short, medium and long term goals, appropriate to medical, physical and psychosocial, functional and environmental influences
- i. Experience in counselling and working with clients through behaviour change
- j. Provision of counselling and support for clients in their development of self-management strategies to promote independence
- k. Ability to explain, advise or provide information to assist clients' understanding of AEP target pathologies, risk factors and the relationship with exercise
- l. Provision of basic education on AEP target pathologies or risk factors, and related benefits of exercise and healthy lifestyle

18. Communication

Knowledge

- a. Knowledge of the challenges and opportunities for the delivery of culturally appropriate exercise and healthy lifestyle programs for communities and individuals from culturally and linguistically diverse backgrounds (CALDB)
- b. Knowledge of the legal and ethical requirements regarding documentation and communication in allied health practice

Application

- c. Communication (verbal, written, electronic) using brief and concise language, and in appropriate syntax (SOAP, lay, medical) for other AEPs, medical practitioners, other health professionals, compensable authorities/agents (eg insurers), and clients
- d. The design and deliverance of culturally appropriate exercise and healthy lifestyle programs to CALDB communities and individuals. Communication must be sympathetic to socio-cultural diversity (eg CALDB clients or colleagues, and diversity/minority groups). Know when to work with an interpreter
- e. Using SOAP notes, practice in clinical documentation, including the compilation of a client's file and clinical note taking

19. Evidence based practice

Knowledge

- a. Awareness of evidence bases of the effects of exercise for people living with, or at risk of, AEP target pathologies.
- b. Understanding of evidence based practice models of clinical decision making

Application

- c. Experience in accessing, comprehending, critically analysing, collating and disseminating the clinical exercise scientific literature
- d. Experience in making informed judgements of the claims made in the original research articles versus the strength of the evidence provided

Section B: Cardiopulmonary Criteria

20. Assessments of exercise capacity in clients with cardiopulmonary conditions

Application

- a. Understanding of safe exercise limits using thresholds that commonly arise in the exercise testing of people with cardiopulmonary conditions, including:
 - i. Angina
 - ii. Claudication
 - iii. Dyspnoea
 - iv. Light headedness/syncope

21. Assessments of lung function in clients with cardiopulmonary conditions

Knowledge

- a. Basic knowledge of pulmonary rehabilitation

Application

- b. Ability to recognise breathing limitations that impact on exercise capacity:
 - i. Obstructive airway patterns
 - ii. FVC, FEF_{peak}, FEV₁, predicted or measured MVV
 - iii. V_E at peak exercise
 - iv. Breathing reserve
 - v. Exercise-induced asthma (EIA)
 - vi. O₂ sat%
- c. The design of an exercise intervention for clients with COPD

22. Safety: signs and symptoms

Knowledge

- a. Knowledge of adverse signs and symptoms that may arise during exercise or recovery for the list of cardiopulmonary target pathologies

Application

- b. Experience in recognising and taking appropriate action regarding:
 - i. Vaso-vagal episodes
 - ii. Hypotension/hypertension related to exertion
 - iii. Ischaemia (angina, claudication)
 - iv. Depleted breathing reserve
 - v. General or localised fatigue
 - vi. Cardiopulmonary arrest

23. Electrocardiography

Knowledge

- a. Knowledge and understanding of the
 - i. common aberrant rhythms and waveform morphologies
 - ii. pathological correlates of the aberrant rhythms and waveform morphologies
 - iii. red, amber and green flags in relation to aberrant rhythms and waveform morphologies

Application

- b. Experience in:
 - i. Setting up, monitoring and recording 12-lead ECGs at rest, exercise and recovery (esp. heart rate and rhythm)
 - ii. Basic recognition of common aberrant rhythms and traces (see list below)
 - iii. Confidence in rapidly responding to adverse ECG findings: red, amber and green flags in ECG
- c. Applicant has practised basic recognition of the following aberrant rhythms and waveforms, and outline the course of action (continue with exercise = green flag; continue only after medical approval = amber flag; discontinue and refer = red flag):
 - i. Ectopy: atrial, junctional and ventricular
 - ii. Atrial fibrillation (AF)
 - iii. Atrial flutter
 - iv. Sinus block /arrest
 - v. Electrolyte disturbances
 - vi. Digitalis toxicity
 - vii. Atrio-ventricular blocks (1^o, 2^o, 3^o)
 - viii. Bundle branch blocks
 - ix. Axis deviations
 - x. Real versus pseudo ST depression in exercise
 - xi. Pre-excitation syndrome
 - xii. Ventricular tachycardias
 - xiii. Ventricular fibrillation (VF) and cardiac arrest
 - xiv. Symptomatic brady-arrhythmias (eg vaso-vagal episodes)
 - xv. Symptomatic tachy-arrhythmias

Section C: Metabolic Criteria

24. Blood tests

Knowledge

- a. Understand the purpose and methods of the following tests:
 - i. Glucose tolerance test (GTT)
 - ii. Random blood glucose (RBG)
 - iii. Fasting blood glucose (FBG)
 - iv. Glycosylated haemoglobin (HbA1c)
 - v. Total cholesterol, HDL_{chol}, LDL_{chol}, triglycerides

Application

- b. Applicant has experience with the interpretation of the following tests:
 - i. Glucose tolerance test (GTT)
 - ii. Random blood glucose (RBG)
 - iii. Fasting blood glucose (FBG)
 - iv. Glycosylated haemoglobin (HbA1c)
 - v. Total cholesterol, HDL_{chol}, LDL_{chol}, triglycerides

25. Safety: signs and symptoms

Knowledge

- a. Knowledge of adverse signs and symptoms that may arise during exercise or recovery for metabolic target pathologies

Application

- b. Specifically, understand the issues surrounding glucose control before, during and following exercise in diabetics
- c. Experience in recognising and taking appropriate action regarding:
 - i. Hypoglycaemia
 - ii. Hyperglycaemia
 - iii. For both hypoglycaemia and hyperglycaemia, suitable advice for clients regarding glucose testing and control before, during and after exercise
 - iv. Hypotension / hypertension related to exertion
 - v. Ischaemia (angina, claudication)
 - vi. Depleted breathing reserve
 - vii. General or localised fatigue

Section D: Musculoskeletal Criteria

26. Assessments of exercise capacity in clients with musculoskeletal conditions

Knowledge

- a. Knowledge and understanding of applied movement analysis

Application

- b. Experience in performing a movement and work task analysis in a clinically relevant time period.
- c. Know how to adapt techniques based on the observations and measurements made above

27. Exercise Interventions

Knowledge

- a. An understanding of the loading characteristics of tissue, (eg bone, ligament, tendon, nerve, muscle), with and without pathology

Application

- a. Experience in progressively varying tissue loading characteristics in response to a specific pathology, physically status or work demand task (including the ability to perform this experience in a clinically relevant stage of recovery).

28. Safety: Precautions and contraindications

Knowledge

- a. An understanding of tissue mechanics to create a safe exercise environment

Application

- b. Experience in developing loading strategies for tissue with and without specific pathology in a clinically relevant time period.
- c. Experience with the recognition and appropriate action regarding:
 - i. Acute musculoskeletal pain / injuries
 - ii. Medical emergencies such as cauda equine syndrome

29. Safety: signs and symptoms

Knowledge

- a. Knowledge of adverse signs and symptoms that may arise during exercise or recovery for the list of musculoskeletal target pathologies

Application

- b. The capacity to recognise (during exercise and recovery) and take appropriate action regarding:
 - i. New or worsening pain
 - ii. New or worsening neurological deficit
 - iii. Failure to achieve expected gains in exercise capacity

Section E: Neurological / Neuromuscular Criteria

30. Assessments of exercise capacity in clients with neurological / neuromuscular conditions

Application

- a. Familiarity with using and interpreting various subjective and objective measures from the generic list (see criteria 12) as relevant to this category or when clinically appropriate

31. Safety: precautions and contraindications

Application

- a. An ability to create an environment (including equipment modification) that is safe for a person with neurological pathology to exercise)

32. Safety: signs and symptoms

Knowledge

- a. Knowledge of adverse signs and symptoms that may arise during exercise or recovery for the list of neurological / neuromuscular target pathologies

Application

- b. Confidence to recognise and take appropriate action regarding common signs and symptoms associated with neurological / neuromuscular target pathologies (eg. Autonomic dysreflexia, hypotension, elevated core temperature).

33. Communication

Knowledge

- a. Awareness of communication and other cognitive, emotional and social processes that could be affected by neurological / neuromuscular target pathologies

Application

- b. Experience in modifying communication strategies in order to improve effectiveness

Section F: Other conditions

Mental Health

34. Communication

Knowledge

- a. Awareness of communication and other cognitive, emotional and social processes that could be affected by mental health disorders (eg bipolar disorders, schizophrenia, personality disorders, depression, mental retardation, Alzheimer's Disease, etc)

Application

- b. Have an ability to modify communication strategies in order to improve effectiveness

Cancers

35. Medical and allied health management

Knowledge

- a. Awareness of the issues concerning exercise:
 - i. following chemotherapy, radiotherapy, surgery and other treatments
 - ii. before blood tests
 - iii. after prolonged bed rest
 - iv. in conjunction with medications used to treat cancer patients