



7755 ARJONS DRIVE, SAN DIEGO, CA 92126 :: 800.525.6901 :: FAX 858.764.0018

# PROFESSIONAL PROFILE

COMPLETE AND RETURN TO EFI SPORTS  
MEDICINE EDUCATION DEPARTMENT

## INSTRUCTOR

NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_  
EMAIL \_\_\_\_\_

## FACILITY

FACILITY NAME \_\_\_\_\_  
FACILITY ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
SCHEDULED TRAINING DATE(S): \_\_\_\_\_

YOUR EMPLOYMENT STATUS AT THIS CLUB:

EMPLOYEE  INDEPENDENT CONTRACTOR

# PLEASE CHECK ALL THAT APPLY

## POSITION AT FACILITY

- Owner
- Manager
- Group Exercise Coordinator
- Personal Trainer Coordinator
- Fitness Instructor
- Personal Trainer
- Yoga Instructor
- Pilates Instructor
- Other \_\_\_\_\_

## PRIMARY FITNESS ROLE

- Group Fitness Instructor
- Yoga Instructor
- Pilates Instructor
- Personal Trainer
- Other \_\_\_\_\_

## CURRENT CERTIFICATION

- ACE
- AFAA
- ACSM
- NSCA
- NASM
- PFIT
- Other (Specify) \_\_\_\_\_

## PILATES CERTIFICATION

- MAT \_\_\_\_\_
- REFORMER \_\_\_\_\_
- MAT & REFORMER \_\_\_\_\_
- I have knowledge of full mat repertoire.
- I have knowledge of full reformer repertoire.
- I have taken \_\_\_\_ course hours.

## My Pilates certification is from:

- STOTT Pilates™
- Physical Mind Institute®
- Polestar®
- PowerHouse Pilates™
- Other (Specify) \_\_\_\_\_

Do you currently hold AFAA provider status?  YES  NO

Do you currently hold ACE provider status?  YES  NO

Please note any details about your experience with visual and practical presentations \_\_\_\_\_

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