



**Note: Only applicants who reside in provinces or territories that do not have an existing Provincial Kinesiology Association (PKA) may apply for direct affiliation with the CKA.**

**CKA will accept applicants residing in NS, SK, MB, PEI, YK, NT, NU.**

**At such time that an association is formed within the applicants residing province / territory membership will be transferred to the said association: BC (BCAK), ON (OKA), QC (FKQ), NB (NBKA), AB (AKA), NL(NLKA).**

## 1. PROCEDURES

Please provide the following information to ensure your application is complete. Applications **WILL NOT** be processed without **ALL** of the following information:

- 1) Read information points 1 to 4.
- 2) Completed and return:
  - a. Application Form
  - b. CESP Program Commitment and Release of information/Expressed Consent
  - c. Endorsement of Code of Ethics,
- 3) Include:
  - a. Copy of official final transcripts (*\*photocopies will be NOT be accepted*)
  - b. Copy of Degree (*\*photocopies accepted*)
  - c. Proof of name change: If your name is now different from your transcripts/degree, please send proof of name change (*marriage/divorce certificate, or government documentation reflecting change of name*)
  - d. Application Fee: \$75.00 + applicable taxes (see table). Non-refundable processing fee

Province of residence	Applicable Taxes	Total amount (taxes included)
AB, SK, MB, QC, PEI, YK, NT, NU	+ 5% GST	\$ 78.75
BC	+ 12% HST	\$ 84.00
ON, NL	+ 13% HST	\$ 84.75
NS, NB	+ 15% HST	\$ 86.25

**Applications will not be processed without submission of  
The non-refundable application fee plus all necessary documentation**

- 4) Mail to:  
CKA/ACK, 1500 Bank Street, Suite 419, Ottawa, ON K1H 7Z2

## 2. CKA/ACK PRIVACY NOTICE

The process of collecting and using information about individuals is now more complicated as a result of legislation, the *Personal Information Protection and Electronic Documents Act (PIPEDA)*.

*PIPEDA* applies to personal information. It is information about an identifiable individual, but does not include the name, title, and business address or business phone number of an employee of an organization. It does not apply to information about corporations, *PIPEDA* applies only to individuals.

Educational information collected on the Affiliation Application is used only for the evaluation of your academic eligibility for affiliation and will not be disclosed. Any personal information collected by CKA/ACK is used solely for the purposes of providing affiliation services and will not be used for any other purpose without your consent.



### 3. PROFESSIONAL KINESIOLOGIST

**AFFILIATED KINESIOLOGIST**—shall consist of individuals who have achieved the requisite academic standards, are practicing in the field of Kinesiology and whose applications for affiliation in the corporation are approved by the Board of Directors of the Corporation.

If you are eligible for Affiliation the following will apply:

1. You will be sent a letter advising you of your eligibility and advising you of the amount of dues payable. (Full year annual dues are currently \$75 + HST/GST + Insurance). You have 30 days to pay the applicable fees. Please see the CKA/ACK website for details on the affiliation and professional liability insurance fees.
2. After receipt of your payment, your name is submitted to the Board of Directors for ratification.
3. Once the Board has ratified your application, you will be sent a letter indicating that you are a Affiliated Kinesiologist of the CKA/ACK along with your affiliated number.

If you are **NOT** eligible for Affiliation the following will apply:

1. You will be advised of what courses you require to be eligible for Affiliated status.

All questions or appeals related to a Membership Committee decision must be submitted in writing to the Membership Committee. Responses will be sent to the applicant in writing following the Committee's next meeting.

### 4. AFFILIATION REQUIREMENTS

Eligible degrees include: Four year university bachelor's degree from a kinesiology, human kinetics, kinanthropology, exercise physiology program or equivalent. Each university course must equal 3.0 credits (i.e. 36- 40 semester hours in length). Academic requirements fall into 2 categories: Core Areas of Study and Elective Areas of Study (see below).

- Applicant will receive credit for no more than two (2) courses in any one Elective Areas of Study. Applicant may receive two (2) courses in a maximum of 5 Elective Areas of Study.
- Credit is not granted for laboratory, tutorial or practicum courses.
- Full year courses lasting 72-80 hours (6.0 credits) may be considered as two courses.



**Core Areas of Study** – Applicant must have university credit in each of the following four Core Areas of Study.

**Human Anatomy** → gross human anatomy of the neuromuscular system

**Human Physiology** → physiology and patho-physiology of the muscular, cardiovascular, respiratory, renal, endocrine, gastrointestinal and neural systems

**Biomechanics** → anthropometric, neural and Newtonian mechanical considerations in the qualitative and quantitative analysis of human movement

**Psychomotor Behaviour / Motor Control & Learning** → information processing in human motor performance and the principles of learning and performing motor skills

**Elective Areas of Study** – Applicant must have at least sixteen (16) courses in the Elective Areas of Study

Adaptives of Kinesiology	Instrumentation/Functional Measurement/Evaluation
Biochemistry**	Kinesiology
Biology**	Neurophysiology
Biomechanics***	Nutrition
Chemistry**	Organic Chemistry**
Computer Science	Philosophy/Ethics (Kinesiology)**
Ergonomics/Human Factors	Physics**
Exercise Management/Rehabilitation	Physiology***
Fitness Evaluation	Psychology of Movement
Gerontology	Psychomotor Behaviour/Motor Control & Learning***
Health Science	Research Design*
Human Anatomy***	Research Project (Kinesiology)
Human Growth & Development	Sociology of Movement
Human Pathology	Sports Medicine
Human Physiology/ Exercise or Work	Statistics*
Individual Study (Kinesiology)	

\*can be taken from any department

\*\*must be taken in their respective departments or through the kinesiology department

\*\*\*please note: courses can only be counted in either the core or elective areas of study (not both). If the core course is 72-80 hours (i.e. 6 credit course) a credit may be considered in the elective area.



**5. APPLICATION FORM**

**PLEASE PRINT OR TYPE**

**Type of Professional Liability Insurance Policy Requested** (select one):

- 2 Million PLI Policy (*\*recommended by our insurer as sufficient coverage*)
- 5 Million PLI Policy

*Please see our website for information on insurance policy rates*

**5.1. Personal Information**

Salutation:  Dr  Mr  Ms  Mrs

First Name:

Last Name:

Please print your name on the line below as you wish to see it on your certification documentation (spelling and accents):

\_\_\_\_\_

Preferred Mailing Address  Home  Business

Home Address	<input type="text"/>			Apt	<input type="text"/>
City	<input type="text"/>	Province	<input type="text"/>	Postal Code	<input type="text"/>

Position Title	<input type="text"/>				
Employer	<input type="text"/>				
Business Address	<input type="text"/>				
City	<input type="text"/>	Province	<input type="text"/>	Postal Code	<input type="text"/>

Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>
Fax Number	<input type="text"/>	Email Address	<input type="text"/>

In order to be eligible liability insurance with the CKA/ACK please answer "YES" or "NO" to the following questions. If yes, please attach details:

1) In the past, have you the Applicant or any of his/her employees ever been the recipient of any allegations of professional negligence in writing or verbally? **(circle one)** YES NO

2) Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? **(circle one)** YES NO



**5.2. Educational Information:**

University Attended		University Attended	
Year of Graduation		Year of Graduation	
Degree Awarded		Degree Awarded	

**5.3. Academic Criteria Self Assessment**

**5.3.1. Core Areas of Study**

You must have one credit in all of the core areas of study. 1 credit is given for each 36-40 hours of lecture time.

Human Anatomy	Human Physiology	Biomechanics	Psychomotor Behaviour/ Motor Learning

**5.3.2. Elective Areas of Study**

Please enter the course codes for 16 courses, of 1 credit each from the areas of study listed below. You may have a maximum of two credits per area of study. You may have a maximum of 5 areas of study with 2 credits. All other credits must fall within the remaining courses listed to complete your 16 course requirement for this section. Credit will not be granted for laboratory, tutorial or practicum work.

Adapted Physical Activity		
Human Anatomy		
Biochemistry		
Biology		
Biomechanics		
Chemistry		
Computer Science		
Ergonomics		
Exercise Management		
Exercise Physiology		
Fitness Evaluation		
Gerontology		
Health Science		
Human Growth & Development		
Instrumentation		
Individual Study (Kinesiology)		
Kinesiology		
Neurophysiology		
Nutrition		
Human Pathology		
Philosophy / Ethics (Kinesiology)		
Physics		
Human Physiology		
Psychology of Movement		
Psychomotor Behavior		
Research Design		
Research Project (Kinesiology)		
Sociology of Movement		
Sports Medicine		
Statistics		



**6. CONTINUING EDUCATION STANDARDS PROGRAM (CESP) COMMITMENT**

**Please read and sign**

Kinesiologists in Canada participate in this program to ensure that they are maintaining currency in their professional practice. This program is referred to as the Continuing Education Standards Program (CESP). This system is important; particularly as knowledge, experience and educational requirements within the profession are inevitably rising and our profession is expected to remain current.

The CESP operates on a three year basis. At the end of each three year period, Affiliated Kinesiologist are required to submit a listing, along with supporting documentation, of all accumulated continuing education credits. 100 points over a three year period are required to keep your membership in good standing. One contact hour of applicable continuing education is equal to one credit.

I have read the above and hereby agree to adhere to the policies and procedures set out by the Continuing Education Standards Program (CESP):

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**7. CKA/ACK RELEASE OF INFORMATION CONSENT FORM**

**Please read and sign**

I \_\_\_\_\_ hereby permit (CKA/ACK)  
(name)

Canadian Kinesiology Alliance to release my information to 3<sup>rd</sup> party firms ex: the insurance broker, for the sole purpose of providing direct affiliation services. Information shared may include the following:

- |                       |                           |
|-----------------------|---------------------------|
| Company Name          | Membership Number         |
| Company Telephone     | Membership Type           |
| Email                 | Name                      |
| Home or Company Fax   | University Graduated form |
| Home Telephone        | Year joined               |
| Home/business address | Year of Graduation        |

This will be in effect from January 1 to December 31 of the year of this application and renewed years.

\_\_\_\_\_  
Member Signature Date

In addition:

I \_\_\_\_\_ [ ] Do [ ] Do Not permit my  
(name)

information (as listed above) to be sold/shared with 3<sup>rd</sup> parties whose products and/or services may be of interest to me as a Kinesiologist. Please note all 3<sup>rd</sup> party requests are reviewed by the CKA/ACK to determine if appropriate before list would be sold/shared. An example of a list share/sell usage would be a private company or association offering courses/educational seminars that are applicable to kinesiology.

I [ ] Do [ ] Do Not wish to be listed as a member in CKA Publications ex: Journal, Website, etc.

\_\_\_\_\_  
Member Signature Date



8. CKA/ACK Code of Ethics

Please read and sign

Preamble

The Canadian Kinesiology Alliance (CKA/ACK) accepts responsibility for delineating the ethical behavior expected of Kinesiologists and has developed and approved this Code of Ethics as a guide for Kinesiologists.

The Code is an ethical document. Its sources are the traditional codes of ethics as well as developments in human rights. Legislation and court decisions may also influence ethics, and therefore, Kinesiologists should be aware of the legal and regulatory requirements in their practice. However, the Code may set out different standards of behavior than does the law.

The Code has been prepared by Kinesiologists for Kinesiologists. It is based on the fundamental principles of kinesiology, especially compassion, beneficence, non-maleficence, and respect for persons. It interprets these principles with respect to the responsibilities of Kinesiologists to individual clients, their family, colleagues, other healthcare professionals, and society.

The Code is not, and cannot be, exhaustive. Its statements are general in nature, to be interpreted and applied in particular situations.

Kinesiologists may experience conflict between different ethical principles, between ethical and legal or regulatory requirements, or between their own ethical convictions and demands of clients, proxy decision makers, other health professionals, employers or other involved parties. Training, consultations with colleagues, ethicists, or others who have expertise are recommended.

All Affiliated Kinesiologist of the Canadian Kinesiology Alliance (CKA/ACK), as a condition of obtaining and maintaining their Affiliation, shall abide by this Code of Ethics in all of their professional activities.

Definition of Terms

Affiliated Kinesiologist – Any person identified by the by-laws of the Canadian Kinesiology Alliance as a professional affiliated of the Association.

Kinesiology Services – Any act or activity, with the Canadian Kinesiology Alliance (CKA/ACK) Scope of Practice (“the application of scientifically based principles to enhance the strength, endurance and mobility of individuals with or without functional limitations, and the administration of musculoskeletal, neurological, biomechanical, physiological, psychological and task-specific tests, assessments, and measures.”) that an affiliated kinesiologist performs as part of their professional activities.

Conflict of Interest – “Conflict of interest” means an interest that would likely adversely affect a Kinesiologists judgment on behalf of, or loyalty to, a patient or prospective patient, or that a Kinesiologist might be prompted to prefer the interests of a patient or prospective patient. A potential conflict of interest exists in all situations where there is a private interest that may influence a Kinesiologists duties and responsibilities.

Duties and Responsibilities towards the Client and Public:

- Hold paramount the health and safety of their client and/or public at all times;
- Not take physical, psychological, sexual, or financial advantage of a client;
- Offer and/or advise on kinesiology services in areas of his or her specific competence;
- Practice in a careful and diligent manner, and encourage a client to seek other professional assistance when such action is in the best interest of the client;
- Apply only accepted scientific principles and professional practices when providing kinesiology services;
- Continue his or her professional development to maintain a high level of competence;
- Conduct themselves with fairness, respect, and good faith towards their clients, colleagues, and the profession;
- Declare to a client any conflict of interest which may adversely affect his or her professional relationship with a client and/or employers;
- Render services to those who seek it without discrimination on the basis of race, religion, gender, sexual orientation, marital status, ethnic origin, language, political affiliation, societal, or health status;
- Respect the client' or surrogate's right to be informed about the effects of the services provided and give opportunity to consent or decline a service;
- Protect the confidentiality of all professionally acquired information, and disclosure such information only when properly authorized or when legally obligated to do so.

Duties and Responsibilities towards the Profession:

- Give credit where it is due, and accept, as well as give, objective and fair professional criticism;
- Act in a way that is beyond reproach and report to the appropriate authorities any affiliated of the Alliance who appears to be incompetent or whose conduct appears to be unethical, illegal, or, in general, unbecoming to the profession; and
- Strive to promote the advancement of the science and profession of Kinesiology.

I, \_\_\_\_\_ agree to abide by the Canadian Kinesiology Alliance Code of Ethics.

\_\_\_\_\_  
Affiliated Kinesiologists Signature

\_\_\_\_\_  
Date