

**PROGRAM ELIGIBILITY FORM – Application for Inclusion into the
Inventory of Exercise Programs for Falls Prevention**

Program name	
Location and address	
Contact name and details	
List of weight-bearing exercises that challenge balance and/or strength that are included in the exercise program	
Time in exercise class spent doing weight-bearing balance/or strength exercises listed above (minutes)	
Length of one exercise class (minutes)	
Background of person who designs and delivers exercise program (choose from Physiotherapist, Occupational therapist, Athletic therapist, Exercise physiologist, Kinesiologist, Nurse, Gerontologist, Recreation Coordinator/Facilitator, Tai Chi instructor, Pilates instructor, Yoga instructor, <u>Certified</u> fitness leader/instructor, <u>Certified</u> Personal Trainer, Rehabilitation Assistant or Other)	