

**Advanced Personal Training
Program
Registration Form**

Start Date: January _____ April/May _____ September _____

General Information:

Name: _____
(Last) (First) (Middle Initial)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____ (Business) _____

Fax: _____ E-mail address: _____

I am a licensed/registered massage therapist/allied healthcare professional.

Name of School Attended: _____

Graduation Date: _____ N.Y.S. License No.: _____ Profession: _____

NCBTMB No. _____ Non N.Y.S. License No.: _____ State of Issuance: _____

PROGRAM SCHEDULE

Personal Training classes meet two afternoons per week, either Monday/Friday or Tuesday/Thursday from 1:15 – 5:15 p.m. There is an additional requirement of attendance at a minimum of 3 fitness fairs that will take place outside of your regularly scheduled class. At least one of these will occur after the 10 week session in the afternoon time slot.

Science Prerequisites: (at least 16 credits in Anatomy & Physiology)

I am a current Swedish Institute student or recent graduate: ID# _____

I have them and need to schedule challenge exams.

If you don't have the pre-requisite science classes for the Personal Training Program, you have a choice of scheduling options. You can take the pre-requisites consecutively, or you can alternate them with the personal training program. If your schedule permits you can also take them concurrently.

The Schedule for the Pre-Requisites is as follows:

Morning: Semester 1 Wednesday/Thursday 8:30am-12:30 pm & Friday 8:30am-9:30am
Semester 2 Tuesday/Wednesday 8:30am-12:30 pm

Afternoon: Semester 1 Wednesday/Thursday 1:15pm-5:15pm & Friday 1:15pm-2:15pm
Semester 2 Tuesday/Wednesday 1:15pm-5:15pm

Evening/Saturday: Semester 1: Tuesday/Wednesday 6pm-10pm and Thursday 6:00pm-7:00pm
Semester 2: Wednesday 6pm-10pm and Saturday 2:00pm-6:00pm

Course Sequence Choice: (Check Desired Schedule Option)

Schedule Option 1

Pre requisite Time slot: Morning Afternoon Evening

Course Sequence:

Semester 1	Semester 2	Semester 3	Semester 4
Anatomy & Physiology I Myology & Kinesiology	Neurology Anatomy & Physiology II	Term 1: Exercise Science	Term 2: Adv. Personal Training

Schedule Option 2

Pre requisite Time slot: Morning Afternoon Evening

Course Sequence:

Semester 1	Semester 2	Semester 3	Semester 4
Anatomy & Physiology I Myology & Kinesiology	Term 1: Exercise Science	Neurology Anatomy & Physiology II	Term 2: Adv. Personal Training

Schedule Option 3

Pre requisite Time slot: Morning Afternoon Evening

Course Sequence:

Semester 1	Semester 2
Term 1: Exercise Science Anatomy & Physiology I Myology & Kinesiology	Term 2: Adv. Personal Training Neurology Anatomy & Physiology II

Deposit due at time of application: \$400 (\$200 for current Swedish Institute students) (\$50 late fee if submitted after deadline)

Make checks/money orders payable to **Swedish Institute**.

Charge tuition to my credit card: (check one)

- | | |
|---|------------------------|
| <input type="checkbox"/> Visa | Card Number: _____ |
| <input type="checkbox"/> Master Card | Expiration Date: _____ |
| <input type="checkbox"/> American Express | Signature: _____ |
| <input type="checkbox"/> Discover Card | |

I understand that acceptance into the program is conditional pending Swedish Institute receipt of all required documentation.

Signature: _____ Date: _____

For office use only

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|---|---|--|
| <input type="checkbox"/> Fee paid Date _____ Initials _____ | <input type="checkbox"/> Health Certificate | <input type="checkbox"/> A&P I Challenge Exam |
| <input type="checkbox"/> Proof of H.S. | <input type="checkbox"/> Evaluation Form | <input type="checkbox"/> A&P II Challenge Exam |
| <input type="checkbox"/> Proof of license | <input type="checkbox"/> Prereq. Transcript | _____GPA for SI student |
| <input type="checkbox"/> Proof of age | <input type="checkbox"/> Passport Sized Photo | <input type="checkbox"/> Copy to Bursar |