



CPFT PRACTICAL Examination – Station: Client Consultation, Counseling & Exercise Prescription

CPFT Candidate NAME: _____

First, Last; Please Print

Exam Date: _____

dd/mm/yyyy

First assessment for candidate		Follow up assessment	
--------------------------------	--	----------------------	--

Client:	YES	NO	details:
Consultation & Counseling			
Stage of Change identified: Precontemplation or Contemplation, Preparation, Action or Maintenance			
BMI: (weight/height ²)	YES	NO	
calculation completed correctly			
outcomes discussed with client			
CPFT discussed limitations of BMI with client			
Underweight Normal Overweight Obese	Circle one		
outcome categories used for discussion with client outcomes			
WC within positive health range: YES NO	Circle one		
NIH guidelines applied within client discussion/communication			
CPFT discussed WC rationale			
Motivation discussed			
Principles of Motivational Interviewing appropriately applied (empathy, support self-efficacy, accepting resistance, surfacing discrepancies)			
Effective use of open-ended questions			
Use of affirmations where appropriate			
Use of reflections where appropriate			
Effective use of summaries throughout discussion			
S.M.A.R.T goal setting discussed and applied			

Exercise prescription	YES	NO	
<i>Warm-Up prescribed</i>			
<i>Intensity/time/type appropriate</i>			
<i>Participant intensity monitored (HR, RPE, MET)</i>			
<i>Active range of motion (ROM) for all joints and major muscle groups</i>			
<i>Rehearsal movements performed based on equipment/goals</i>			
<i>Progression of intensity appropriate</i>			
<i>Postural alignment cues and safety precautions provided</i>			
<i>Movement variations/alternatives provided to address level of participant ability</i>			
<i>Safe/appropriate use of equipment described and demonstrated</i>			
<i>Safe/appropriate technique described and demonstrated</i>			
<i>Cardiovascular exercise prescribed</i>	YES	NO	<i>details:</i>
<i>Cardiovascular exercise selection appropriate for client's goals</i>			
<i>Intensity checks appropriate (method and timing)</i>			
<i>Karvonen method accurately explained and completed</i>			
<i>Target Heart Rate Zones accurately defined and used OR</i>			
<i>Rate of Perceived Exertion accurately defined and used OR</i>			
<i>Talk Test accurately described and used</i>			
<i>Postural alignment cues provided</i>			
<i>Safe/appropriate use of equipment described and demonstrated</i>			
<i>Safe/appropriate technique described and demonstrated</i>			
<i>Training principles applied appropriately for client goals (e.g., FITT, progressive overload, specificity, rest/recovery, cross training)</i>			
<i>Appropriate Cool-Down prescribed (intensity/time/type)</i>			
<i>Resistance exercise prescribed</i>	YES	NO	<i>details:</i>
<i>Resistance exercise selections appropriate for client's goals</i>			
<i>Intensity checks appropriate (method and timing)</i>			
<i>Training principles applied appropriately for client goals (e.g., FITT, progressive overload, specificity, rest/recovery, cross training)</i>			
<i>Phase of training considered</i>			

Exercise prescription is functional and practical for client			
Resistance exercise DEMONSTRATIONS	1		
*candidate should successfully demonstrate NO	2		
LESS than 3 exercises from their Prescription	3		
Resistance exercise MODIFICATION	1		
	YES	NO	details:
Name of exercise given for each exercise			
Purpose of exercise (e.g., muscles used) given for each exercise			
Correct anatomical terminology for muscles and movements used			
Demo of exercises completed properly			
Postural alignment cues given (spine, shoulders, knee safety)			
Correct breathing cues provided			
Client equipment set up appropriate			
Client weight (intensity) matched the repetition range (given goals) for each exercise			
Safe/appropriate use of equipment described and demonstrated			
Safe/appropriate technique described and demonstrated			
Speed of execution appropriate/safe			
Balances R/L, agonist/antagonist			
Flexibility exercise prescribed	YES	NO	details:
Flexibility exercise selections appropriate for client's goals			
Training principles applied appropriately for client goals (e.g., FITT, progressive overload, specificity, rest/recovery, cross training)			
Client-Centered Consultation	Yes	No	details:
Organized and prepared			

<i>Program format clearly explained</i>			
<i>Flexible to individual's needs</i>			
<i>Appropriate amount of eye contact, constant observation of technique</i>			
<i>Verbal communication skills concise, appropriate terminology</i>			
<i>Motivational, encouraging, welcoming attitude conveyed</i>			
<i>Consistent safety precautions</i>			
<i>Participant feedback encouraged</i>			
<i>Complex exercises/movements effectively broken down</i>			
Active Living discussed			
Additional Information:			
Space Requirements met			
Other Comments			

*A minimum score of 50 out of 63 (80%) is required for the successful completion of this component of the Practical Assessment.

STATION 2 OUTCOME:

PASS		ADDITIONAL ASSESSMENT REQUIRED	
------	--	--------------------------------	--

By signing this Assessment, I, as the Fitness Alberta Certified Personal Fitness Trainer candidate, do hereby attest that I have performed today with the full intention of providing a safe and effective session for my client(s), and in accordance with Fitness Alberta Performance Standards. I accept the feedback as provided herein.

PRINTED NAME: _____

(CPFT Candidate)

CPFT CANDIDATE SIGNATURE: _____

PRINTED NAME: _____

(CPFT Examiner)

CPFT EXAMINER SIGNATURE: _____