

2024 EXTERNAL REHABILITATION SPECIALIST APPLICATION

The City of Maple Ridge welcomes professionally affiliated External Rehabilitation Specialists. All External Rehab Workers must be approved by the City of Maple Ridge to use the Maple Ridge Leisure Centre facility to work with clients.

To request approval, submit a completed application form along with copies of requested documentation to:
personaltraining@mapleridge.ca

Complete applications will be reviewed within 3-5 business days

REQUIRED DOCUMENTS	<ul style="list-style-type: none"> ✓ Copy of liability insurance (Must list: The City of Maple Ridge and School District 42 with a Commercial General Liability \$2,000,000) ✓ Copy of 2024 City of Maple Ridge Business License ✓ Copy of all current certification and/or documentation. Documentation accepted is: BCAA Membership, accredited Physiotherapist, Recreation Therapist, Occupational Therapist degrees, Rehab Assistant Certification. ✓ Copy of current First Aid certification ✓ Business email, contact number, birthdate and headshot for identification
GUIDELINES	<ul style="list-style-type: none"> • Identify yourself and your client to the Life Guard or Fitness Centre attendant on duty upon arrival. • Follow facility guidelines at all times. • Conduct oneself in a professional manner with proper attire at all times. • Practice safe conduct and provide safe instruction of exercises at all times. • Refrain from soliciting business while in the facility. • Turn cellular phones to silent mode. • Wipe down all machines and equipment after each use with the cleaning solution provided. • Refrain from dominating any piece of equipment when others are waiting. • Maintain required credentials and certifications. • Additional individuals such as case workers, practicum students, and shadow trainers must receive approval to attend sessions.
OTHER	<ul style="list-style-type: none"> • Refer public questions to facility staff. • Notify facility staff of any defective equipment. • In the event you or your client requires medical attention, contact facility staff to provide treatment. • Report any incidents to facility staff for documentation (i.e. injuries, patron complaints).

Please check off which facility area you will be using when working with clients: POOL FITNESS CENTRE

Please identify below what type of service you will be providing to clients:

I HAVE READ AND UNDERSTOOD THE EXTERNAL REHABILITATION SPECIALIST GUIDELINES IN THEIR ENTIRETY AND AGREE TO ABIDE BY THESE GUIDELINES WHEN IN ANY CITY OF MAPLE RIDGE FACILITY IN THE CAPACITY OF AN INDEPENDENT TRAINER.

Name: _____ Signature: _____ Date: _____