

Know more with Baptist Fit & Well Partners



Thank you for your interest in becoming a **Baptist Fit & Well Partner!**
Baptist's goal is to provide free continuing education to the fitness and wellness community.

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By offering deeper medical knowledge from **Board Certified Medical Professionals**, we believe, **together**, we can strengthen our community. We understand the greater cultural awareness of **whole body health** and are particularly interested in partnering with mind/body professionals from the disciplines of **Yoga & Pilates** as well as **Personal Trainers** and **Massage Therapists**.

Application deadline is July 15, 2013

Please make a copy of your completed application for your records and submit your original application by hand delivering, mailing, or emailing as a PDF to:

Baptist Medical Center Beaches
1350 13th Ave. South
Jacksonville Beach, FL 32250

Attention: Dana Voiselle, or
dana.voiselle@bmcjax.com

If you have questions, please contact us at
dana.voiselle@bmcjax.com, 904.627.2965.

All applicants will be notified by July 30, 2013
of their selection status.

Today's Date _____

How do we reach you?

Name _____

Address _____

Cell Phone _____

Email _____

Home Phone _____

Business Website _____

Blog Page _____

Personal Website _____

Other: _____

We would like to know more about you.

Please attach a current photo so we'll recognize you!

Birthdate: _____

Current Age: _____

Please check all that apply. I am a:

- RYT 200 Yoga Teacher
- RYT 500 Yoga Teacher
- Yoga Therapist (800+ hours under IAYT guidelines)
- Pilates Comprehensive Certified
- Pilates Mat Certified
- Pilates Equipment Certified
- Licensed Massage Therapist
- Licensed Structural Integration Specialist
- Certified Personal Trainer
- Certified Group Exercise Instructor
- Other _____

What style of classes or sessions do you offer?

How would you describe your teaching/training/massage style?

Why do you teach/train or offer bodywork?

What would your students/clients claim as your best teaching/training/touching quality?

What do you think is your best teaching/training/touching quality?

Why would you like to learn more about the body/mind from a medical perspective as well as medical interventions, treatments, and procedures? How would it help you and your clients/students?

What else would you like to tell us about yourself?

We would like to know more about the type of classes you teach and/or bodywork sessions that you offer and the individuals you serve. Feel welcome to share additional information.

Please list all of the places where you currently provide your services.

<i>Name of Facility</i>	<i>Facility Phone Number</i>	<i>Years or Months at Facility</i>

Number of group classes per week and average number of participants per class. _____

Average number of private clients/students per week. Please include duets & trios in this count. _____

Do you teach/train or provide massage therapy privately in client/student homes? If so, how many per week? _____

We would like to know more about your client/student demographic.

Percentage of Male Students/Clients _____

Percentage of Female Students/Clients _____

Average age of a majority of your students/clients. Please rank in order with number one assigned to the age demographic you teach/train and/or provide massage therapy for the most.

<i>Rank</i>	<i>Age Range</i>
	15 - 25
	25 - 35
	35 - 45
	45 - 55
	55 - 65
	65+

What would you estimate is the average duration of your relationship with your students/clients?

- One Week
- One Month
- 2 – 3 Months
- 3 – 6 Months
- 6 – 9 Months
- 9 – 12 Months
- 1 year
- Multiple Years

Please tell us about your formal education.

<i>HS Graduate? Year, School, Location</i>	<i>College Graduate? College/University; List Degree(s); Graduation Year; Field of Study</i>

Please list all of your comprehensive Certifications in the fitness, health, and wellness industry. Please do not list weekend workshops or online continuing education coursework.

<i>Certification Name</i>	<i>Certifying or Accrediting Body</i>	<i>Year Initially Certified</i>

Are you currently CPR/AED Certified? If not, are you willing to re-certify in order to participate in the Baptist Fit & Well Partner program? _____

Do you regularly attend continuing education coursework for your fitness and wellness field? If so, please list the last 3 continuing education courses you completed. Include date, topic title, location, and CEU provider.

<i>Course</i>	<i>Date</i>	<i>Topic</i>	<i>Location</i>	<i>CEU provider</i>

Please tell us what you liked most about your recent continuing education courses.

Please tell us what you liked the least or what could have been improved in your recent continuing education courses.

Indicate social media that you use regularly to communicate your ideas and information (e.g., FB, Twitter, Pinterest, Instagram, Constant Contact, Mail Chimp, Tumblr, your blog). Please feel welcome to list any other social media that you use or additional ways that you communicate electronically or through printed material with your students/clients.

<i>Social Media</i>	<i>Year Started</i>	<i>Average # of Posts Per Week</i>	<i># of Friends, Followers, Connections, etc.</i>

If selected as a Baptist Fit & Well Partner would you regularly share medical health and wellness content from Baptist Health on your social media? Yes No

If selected as a Baptist Fit & Well Partner would you regularly share printed medical health and wellness facts and knowledge from Baptist Health? Yes No

Thank you for your interest and taking the time to apply!

By signing below, I confirm that all of the information provided in my application is true and accurate. I also understand that if I am selected, my participation in the Baptist Fit & Well Partner program is a volunteer activity where I receive free continuing education and medical based educational content to share with others. I understand that I will not be paid for my time. I understand that if I am chosen for this program, I will be required to sign a Letter of Agreement that outlines the terms of my relationship with Baptist Health.

Applicant's Signature

Date

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