



## REGISTRATION FORM

### REGISTRY OF PROGRAMS/INSTITUTIONS WHICH MEET GLOBAL STANDARDS FOR PROFESSIONAL PREPARATION IN PHYSICAL EDUCATION

#### International Council for Health, Physical Education, Recreation, Sport, and Dance (ICHPER-SD)

PROGRAM TITLE: \_\_\_\_\_

DEGREE(S) GRANTED: \_\_\_\_\_

LICENSE(S)/CERTIFICATION(S) GRANTED (Related to professional preparation of physical education teachers):

\_\_\_\_\_  
\_\_\_\_\_

INSTITUTION: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City

State/Province

Country

Postal Code

DURATION OF DEGREE/LICENSURE PROGRAM:

All programs must meet or exceed the standard of content; however, the standards of achievement may be modified. (check one):

\_\_\_\_\_ 4-year, 100%      \_\_\_\_\_ Other, \_\_\_\_\_ %

CONTACT PERSON(S) (Print or type):

Name (Title): \_\_\_\_\_

Name (Title): \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

ICHPER-SD Organizational Membership Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

ACCREDITATION(S) HELD (append copies):

Agency: \_\_\_\_\_ Valid through (date): \_\_\_\_\_

Agency: \_\_\_\_\_ Valid through (date): \_\_\_\_\_

# ICHPER•SD GLOBAL STANDARDS FOR PROFESSIONAL PREPARATION OF PHYSICAL EDUCATORS

Number of clock hours, based on Self Assessment:

- Disciplinary Knowledge
- 1.1 (min. clock hours: 30) \_\_\_\_\_
  - 1.2 (min. clock hours: 30) \_\_\_\_\_
  - 1.3 (min. clock hours: 30) \_\_\_\_\_
  - 1.4 (min. clock hours: 30) \_\_\_\_\_
  - 1.5 (min. clock hours: 30) \_\_\_\_\_
  - 1.6 (min. clock hours: 30) \_\_\_\_\_
  - 1.7 (min. clock hours: 30) \_\_\_\_\_
  - 1.8 (min. clock hours: 30) \_\_\_\_\_
  - 1.9 (min. clock hours: 30) \_\_\_\_\_

Professional Knowledge and Skills (min. clock hours: 60, including all eight sub-areas) \_\_\_\_\_

- 2.1 \_\_\_\_\_
- 2.2 \_\_\_\_\_
- 2.3 \_\_\_\_\_
- 2.4 \_\_\_\_\_
- 2.5 \_\_\_\_\_
- 2.6 \_\_\_\_\_
- 2.7 \_\_\_\_\_
- 2.8 \_\_\_\_\_

Pedagogical Knowledge and Skills (min. clock hours: 60, including all six sub areas) \_\_\_\_\_

- 3.1 \_\_\_\_\_
- 3.2 \_\_\_\_\_
- 3.3 \_\_\_\_\_
- 3.4 \_\_\_\_\_
- 3.5 \_\_\_\_\_
- 3.6 \_\_\_\_\_

## MATERIALS APPENDED:

- \_\_\_\_\_ Completed Self Assessment Form
- \_\_\_\_\_ Evidence of accreditation(s) held
- \_\_\_\_\_ Additional documentation which warrants modification of standard of achievement, if appropriate

\_\_\_\_\_  
(Ms., Mr., Mrs., Dr., etc.) Name (Print)

\_\_\_\_\_  
(Ms., Mr., Mrs., Dr., etc.) Name (Print)

\_\_\_\_\_  
Administrative Title

\_\_\_\_\_  
Administrative Title

\_\_\_\_\_  
Signature, Program Leader<sup>†</sup>      Date

\_\_\_\_\_  
Signature, Academic Dean or Equivalent<sup>†</sup>      Date

<sup>†</sup>Connotes validation of the accuracy of the self-assessment and the authenticity of the information contained within, and affirms approval to include information contained on this Registration Form in the Registry (published in the Journal of ICHPER•SD).