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| **Date Course submitted:** |  | | |
| **Name of Course:** |  | | |
| **Name of Course Author:** |  | | |
| **Name of AKA member lodging submission:** |  | | |
| **AKA Membership Level** (Level 2 or higher required): |  | | |
| **Category - checkbox** | **A □** | **B □** | **C □** |
| **Hours of Course: TOTAL:** | **Face to Face:** | **Workbook:** | **Online:** |

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| **The Manual: Please use the tick boxes to indicate that the necessary documentation about your course submission has been supplied.** | | | |
| **\*** An asterisk indicates that the page number in the manual is required. | Please tick if supplied | Supply Page Numbers | AKACAB Admin only |
| What is the full title of the manual |  |  |  |
| The page numbers are included and numbered correctly |  |  |  |
| A Table of Contents is included \* |  | Page # |  |
| An index is included (optional) \* |  | Page # |  |
| The manual includes a disclaimer \* |  | Page # |  |
| The manual includes a copyright statement \* |  | Page # |  |
| The manual includes an acknowledgement (optional) \* |  | Page # |  |
| The manual includes a bibliography\*  Include - Title, author, date of publication, edition number |  | Page # |  |
| The manual includes references to sources used \*  Include - Title, author, date of publication, edition number and page references |  | Page # |  |
| Descriptions of any theory other than kinesiology theory |  | Page # |  |
| The manual describes muscle monitoring used \* |  | Page # |  |
| The manual provides descriptions of challenges used \* |  | Page # |  |
| The manual describes muscle monitoring evaluations\* |  | Page # |  |
| The manual acknowledges original sources of images and material\* |  | Page # |  |
| List additional material / resources / handouts used in class |  |  |  |

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| **Additional Information you need to supply** | | |
| **Please use the tick boxes to indicate that the necessary documentation about your course submission has been supplied.** | Please tick if supplied | AKACAB Admin only |
| CV / Resume including qualifications of course author (Kinesiology and other qualifications) |  |  |
| A letter of permission from the course author authorizing the person submitting the course to be their course representative |  |  |
| Signed declaration |  |  |
| Category A Checklist completed if required – see page 3. |  |  |
| Session Plans |  |  |
| Delivery and Assessment Mapping Template |  |  |
| Assessment Templates (for practical, oral, written assessments, case studies or assignments) |  |  |
| Attendance Record – Class lists verifying twenty (20) students of which 15 must be new students to the course and in a minimum of three (3) classes  Evaluation Forms |  |  |
| List of Instructors and Examiners/Assessors |  |  |
| A copy of the attendance and Proficiency Certificates |  |  |
| Advertising: website link or course flyer |  |  |

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| **CATEGORY A CHECKLIST**  **Minimum requirements for accreditation of Category A Courses: 6 of the 9 criteria need to be met.** | | | |
| Include the following information and the page numbers on which it can be found | **Please tick if Supplied** | **Supply Page Numbers** | **AKACAB Admin only** |
| 1. The nature of muscle function and structure |  |  |  |
| 1. A definition and explanation of meridian-organ/gland-muscle relationships including a brief history of its development |  |  |  |
| 1. A definition of meridians and a description of acupoints |  |  |  |
| 1. An introduction and explanation of Neurolymphatic and Neurovascular reflexes including a history of their development |  |  |  |
| 1. A description of the mechanism and application of Pauselock (also known as Circuit Retaining Mode or Putting it in Circuit) |  |  |  |
| 1. A description of Finger Modes (Digital Determinators) their practice and application |  |  |  |
| 1. A clear outline of balancing procedures and processes used including identification, correction and challenge procedures |  |  |  |
| 1. A basic philosophy and theme of the “Triad of Health” (Physical, Emotional, Nutritional OR Mental, Emotional, Physical) and an explanation of the importance of having this in balance |  |  |  |
| 1. An assessment procedure for students requiring both a theoretical understanding of the concepts and techniques and a demonstration of proficiency in the application |  |  |  |

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| **Please sign this checklist to acknowledge that it is true and correct.**  (electronic signature is acceptable) | | | |
| Name of applicant: |  | Signature: |  |
| Location: |  | Date: |  |

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| **Declaration**  This course/ qualification complies with the current laws in Australia relative to copyright including any treaties and obligations to the International community. Thiscourse does not contain plagiarism. Where I have used other people’s works it has been in a lawful manner, the original sources have been acknowledged and attributed to the author thereof.  The course / qualification complies with the scope of kinesiology, which is defined by the AKA – (refer Code of Practice attachment). Specifically, there is no reference to diagnosing, prescribing or dispensing of any supplements in any of the materials submitted or taught.  **Name of course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Additional Declaration for person submitting a course who is not a current Registered Kinesiology Practitioner (formerly Level 2) with the AKA.**

Name of course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person submitting course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am not a current Registered Kinesiology Practitioner (formerly Level 2) with the AKA. I undertake to complete the required training to become a current Registered Kinesiology Practitioner (formerly Level 2) with the AKA within two years of my course submission.

I understand that failure to comply may result in my course being removed from the Accredited Courses List.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_