2026 Tai Chi for Arthritis and Fall Prevention Instructor Certification and Recertification Application & Agreement

Welcome to the NEW Tai Chi for Arthritis and Fall Prevention Program Instructor Application! The New York State Department of Health Bureau of Occupational Health and Injury Prevention's Older Adult Falls Prevention Program is excited to announce that a new 2025-2028 Administration for Community Living grant is now available to fund new certifications and recertifications in Tai Chi for Arthritis and Fall Prevention. Please answer the following questions to assist in the selection process.

1. What is your first and last name?

_____

2. **Email Address for the Tai Chi for Health Institute.** *We recommend using your personal email address instead of your work address. This will help keep you connected to the Tai Chi for Health Institute in case you leave your position/retire in the future.*

_____

3. Is this your first time getting certified in the Tai Chi for Arthritis and Fall Prevention Program?

- Yes, I am a new Instructor Candidate.
- No, I would like to recertify.

4. Mailing address for Instructor Materials: **Street Address**

_____

5. Mailing address for Instructor Materials: **City/Town**

_____

6. Mailing address for Instructor Materials: **State**

_____

7. Mailing address for Instructor Materials: **Zip Code**

_____

8. Job/Volunteer Title

_____

9. Employer/Volunteer Organization

_____

10. Who do you plan to work with to offer Tai Chi workshops? (partner organizations, other instructors, host sites, etc.).

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11. How do you plan to implement the program after you are certified? *Be as detailed as possible. How many workshops/year would you like to hold? Do you plan to work with an experienced instructor as you get started? Where do you plan to host programs? Do you have an idea of what type of schedule you will offer (i.e. T/Th 9-10am for 10 weeks)? Other ideas you have for program implementation*.

_____

12. Do you plan to teach in any language other than English? *We ask this because we would love to see the program reach more people. But it is not a requirement/expectation. If "Yes!", please type the language(s) in the accompanying text box*.

- Only English
- Considering it, but not sure
- Yes! (please specify) _____

13. Do you have any interest in partnering with the Older Adult Falls Prevention Program on their virtual (Zoom) workshops? If yes, our team can help you get comfortable teaching online and pair you with experienced instructors if you prefer to co-teach.

- Yes! Please contact me with more information.
- No, I prefer to teach in-person only.
- Maybe, please contact me with more information.

14. Will you be certified in adult CPR before you teach your first class after certification/recertification?

- Yes
- Not sure

15. Have you submitted your completed workshop data to the Older Adult Falls Prevention Program in the past (attendance report and optional pre/post surveys)? If yes, please let us know the Implementation Sites.

- No, this will be my first time.
- Unsure.
- Yes, I have submitted completed workshop data in the past (please specify).

  _____

16. Please tell us why you want to become a Tai Chi for Arthritis and Falls Prevention Instructor.

_____

17. What professional or volunteer experience have you had in the past two years leading exercise classes, conducting workshops, working with older adults, or speaking in public?

_____

18. What is your health profession and/or background in health, fitness or education? List any relevant degrees or course work.

_____

19. What do you feel will be your biggest challenge in offering Tai Chi workshops? Responses will not exclude anyone. Please be honest so we can better support you.

_____

20. If the Older Adult Falls Prevention Program covers the cost of your certification, do you commit to sending in your data for completed workshops? If you have questions about workshop data, please indicate so we can follow up with you. You can review data collection resources here: https://longislandfallsfree.com/coach-materials-data-paperwork/

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Please answer the following questions after you have reviewed the Certification Process Video and/or 2026 Updated PowerPoint.

21. Which of the following are Data Collection Forms? (Please select all that apply.)

- Host organization information form
- Program information cover sheet
- Participant attendance log
- Participant information form (pre-survey)
- Participant post-session survey

22. True or false: Instructor Candidates must successfully demonstrate the full Tai Chi set of movements (12 movements) in a video recording before they can attend Stage 2 (live certification class).

- Yes
- No
- I do not know

23. How long do **you** expect to complete the self-paced Stage 1 portion? This will not impact your approval. It is to help identify Stage 2 dates for you planning/scheduling.

- < 1 month, I already know the form!
- 1-3 months
- 3-6 months
- 6-9 months
- 9-12 months

24. Are you confident that your supervisor understands the training, certification, and program implementation requirements? *We ask this to make sure they will help ensure your success through this process*.

- Yes
- No
- Unsure/Still working with them
- N/A (I am an independent contractor/self-employed/retired)

25. Supervisor Name (if applicable)

_____

26. Supervisor email (if applicable)

_____

Tai Chi for Arthritis and Falls Prevention Certification Agreement

27. Please review the Tai Chi for Arthritis and Falls Prevention Instructor Statement of Understanding for Certification.

- I have reviewed the Instructor Statement of Understanding.

28. I agree to reach out to the grant team if I have questions or concerns about completing the certification and delivering the program. I understand that failing to complete the certification or report completed programs may end my relationship with the Older Adult Falls Prevention Program.

- I agree

29. If I am offering Tai Chi workshops as part of my regular job duties, I will make sure my supervisor is aware of the certification and program delivery requirements.

- I confirm that my supervisor understands the expectation of my Tai Chi certification and program delivery.
- I will be offering Tai Chi as an independent contractor and/or I do not have a supervisor.

30. I agree to offer the Tai Chi program with fidelity to the best of my ability.

- I agree

31. By typing my name below, I agree to the above expectations for Tai Chi for Arthritis and Falls Prevention certification and Program delivery.

_____

32. Please share any other information, questions, concerns, feedback you have about the certification/recertification process with the grant team:

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