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 (Movements 1-12). 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.).

_____

11. Are your annual Board Fees up to date? If you are not sure, please log into the Tai Chi for Health Institute Instructor Login to check. If you need help paying your Board Fees, please let our Grant Team know.

- Yes, I am up to date.
- No, I have not paid them.
- I am not sure.

12. When are you due for recertification? (Month/Year)

_____

13. 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 (please specify). _____

14. 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.)

14. Supervisor Name (if applicable)

_____

15. Supervisor email (if applicable)

_____

Tai Chi for Arthritis and Fall Prevention Recertification Agreement

16. Please review the Tai Chi for Arthritis and Fall Prevention Instructor Statement of Understanding for Recertification.

- I have reviewed the Instructor Statement of Understanding.

17. 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

18. If I am offering Tai Chi workshops as part of my regular job duties, I will make sure my supervisor is aware of the recertification 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.

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

- I agree

By typing my name below, I agree to the above expectations for Tai Chi for Arthritis and Fall Prevention recertification and program delivery.

_____

20. Please share any other information, questions, concerns, feedback you have about the certification/recertification process with the Grant Team:

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