Assessor Checklist: BFS CPD Provider Accreditation

Bureau of Fitness Standards (BFS) · Form BFS-FRM-04 · Edition 1.0 · 21 November 2026

For use by members of the Provider Assessment Panel under the BFS CPD Provider Accreditation Scheme (BFS-SCH-01). Each of the two assessors completes a checklist independently before agreeing a joint recommendation. The Accreditation Committee, not the assessor, makes the decision.

Part A. Assignment and conflict-of-interest confirmation

Field	Entry
Application reference	
Provider	
Assessor name	
Assessor role (first / second / third)	
Date assigned	
Date complete application received (30-day clock start)	

I confirm that within the last 2 years I have **not**: been employed by, contracted to or paid by this provider or a direct competitor in the same market; taught, presented or developed materials for it; held any financial interest, directorship or trusteeship in it; had a close family or personal relationship with its owners, directors or quality lead; or advised it on meeting this scheme. I know of no other interest that a reasonable person would see as likely to affect my judgement. I will declare at once any conflict that arises, and keep all materials confidential.

Signature _____ Date _____

Part B. Provider criteria

Rating: **M** = met · **PM** = partly met (minor action) · **NM** = not met · **NA** = not applicable (give reason)

No.	Criterion	Evidence seen	Rating	Findings and reasons
P1	Legal and accountable: registration verified; responsible person named; address and email published			
P2	Quality lead named; internal sign-off described and evidenced			

No.	Criterion	Evidence seen	Rating	Findings and reasons
P3	Learning design: audience, outcomes, timetable, mapping to BFS units			
P4	Faculty: qualifications plus 3 years' practice or demonstrable expertise; CVs on file			
P5	Content accurate, current, referenced; 3-yearly review cycle			
P6	Safety and scope; no medical claims; no prohibited-substance content			
P7	Learning check in structured activities			
P8	Records kept 6 years; certificate shows all required fields			
P9	Feedback collected and acted on; learner complaints procedure			
P10	Marketing honest; no premature BFS wording; commercial interests disclosed			
P11	Accessibility and reasonable adjustments; privacy notice			
P12	Willing to sign BFS-AGR-01; annual return and sampling accepted			

Part C. Activity criteria (one block per activity)

Activity title: _____ Format: _____ Stated hours: _____

No.	Criterion	Rating	Findings and reasons
A1	Relevance to BFS competency units / fitness practice		
A2	Clear, measurable learning outcomes for the stated audience		
A3	Coherent structure; realistic timing (e-learning time tested)		
A4	Accurate, current, referenced content		
A5	Safety, scope and anti-doping respected		
A6	Presenters qualified for the topic		
A7	Appropriate learning check		
A8	Educational not promotional; commercial interests disclosed		

No.	Criterion	Rating	Findings and reasons
A9	Accessible delivery		
A10	Certificate meets P8		

Points calculation. Active learning time (excluding breaks, meals, registration, networking) = _____ hours → recommended points _____ (rounded down to the nearest half point). For conferences, list points per session on a separate sheet.

Part D. Questions to the provider

Date	Question	Response received	Clock paused from / to

Part E. Recommendation

- ☐ Accredit
- ☐ Accredit with conditions (list actions and deadline, normally 60 days)
- ☐ Defer for further information (list what is needed)
- ☐ Refuse (cite each criterion not met and the reasons)

Conditions / information required / reasons:

Activity approvals recommended (title → points):

Assessor signature _____ Date _____

Part F. Joint recommendation (completed by both assessors)

	First assessor	Second assessor	Third assessor (if needed)
Recommendation			
Points of disagreement resolved			
Signature and date			

For BFS office use: Sent to Accreditation Committee on _____ · Decision _____ on _____ · Days from complete application _____