

Have you ever been in a treatment program for alcohol or substance abuse? yes no

Do you currently have or have you had any of the following conditions in your lifetime?

Environmental or food allergies yes no

Respiratory conditions yes no

Heart conditions yes no

Diagnosed mental-health conditions yes no

Seizures or strokes yes no

Diabetes yes no

High blood pressure yes no

If you checked yes for any of the above questions, or if you have any other health condition that could impact your full participation in the program, please describe fully. Attach additional sheets of paper as needed.

Yoga Experience

How long have you been practicing yoga?

less than 6 months

6 months – 1 year

1-2 years

2+ years

If you have practiced yoga for more than 2 years, please indicate how many years you have been practicing:

Within the past year how many times, on average, do you practice per week?

less than 2 times per week

2-3 times per week

4-7 times per week

What style(s) of yoga do you primarily practice?

Certification Criteria

To earn your 100-hour yoga teacher certification the following conditions must be met:

1. Attended all required weekend sessions
2. Demonstrated proficiency in the practice of asana.
3. Demonstrated an understanding of the underlying principles and practices of Yoga.
4. Demonstrated an ability to appropriately structure a yoga class and sequence asana.
5. Successfully completed all Practice Teach assignments.
6. Fulfilled all tuition commitments.

Please understand that completion of the above requirements will be assessed through a set of standards that include an attendance policy, review of homework assignments and the evaluation of practice teaching sessions. I acknowledge that all information submitted in this application is true and accurate. I understand that incomplete or inaccurate information may result in my non-acceptance or dismissal from the program. I acknowledge that I have read the certification criteria listed above, and, should I be accepted, I understand I will be evaluated using these criteria. I understand that this program does not offer refunds or credits after the program begins.

Applicant Printed Name:

Applicant Signature:

Date: