

TEACHER CERTIFICATION APPLICATION SUMMER/FALL SESSIONS 2017

www.YogaAndMeditation.com

- Please, print clearly in black ink and forward to Ann Arbor Yoga and Meditation with relevant documents
- Affix a recent passport style photograph to your application. This is required for all applicants.
- Add additional pages where necessary.
- Note that application for enrolment does not guarantee a place. Applicants will be notified of the outcome as soon as possible. Additional supporting evidence may be requested.
- We look forward to serving you. Namaste!

Section 1: Enrollment

Mark with an "x" for which you are applying

- Teacher Training 200-Hour (TT 1) 6/6-9/21 2017; 8/1-12/3; 9/7-12/14
\$2,900/ up to 30 days early / \$3,195 after that
or 4 modules @ \$850 per module (start any time)
- Teacher Training 300-Hour (TT2) 6/6-12/1 2017; Flex Start/Finish Dates;
(Interview is required) \$3,900 up to 30 days early / \$4,300 after that
- Teacher Training 500-Hour (TT1&2) 6/6-12/21 2017; Flex Start/Finish Dates
(Interview is required) \$5,700 up to 30 days early / \$6,500 after that
- Yoga Nidra Certification (YNC) 5/27-28 Flex Start/Finish Dates \$1,450
- Pranayama Meditation Certification (PMC) 6/9-11 (3-Day Retreat) \$1,450

***Enrollment Deadline for dated courses is 3 business days prior to course starting date. Early enrolment discounts apply for payments in full received no later than 30 days prior to course starting date.**

***A deposit of \$225 must accompany your application and it will be deducted from course tuition fee.**

If your application is rejected, all monies will be returned to you MINUS a \$125 application processing fee, or \$225 interview fee (see above where it applies).

*YNC and PMC can be taken independently or as part of TT1 and TT2. Additional hours and tests are required.

*YNC and PMC above weekend dates are open to the public as AUDIT options only (at 2-Day Seminar rates).

Preregistration for the seminars is required at www.YogaAndMeditation.com

Flex start/finish date training schedule will be set soon after you are accepted in a program to accommodate your schedule. We will meet on mutually agreed upon dates, including weekends.

Section 2: Personal Information

First and Last Name:

Street Address, City: State, ZIP:

Mailing Address (if different from above):

Sex: Date of Birth: Country of Birth:

Home Phone Work Mobile

E-mail address:

EMERGENCY CONTACT

Name: Phone:

Relationship

Section 3: Yoga Information

1. Please describe how, when and why you began your yoga practice.

2. Please describe your current yoga and meditation practice.

3. List previous yoga teacher training(s) and certification courses you have taken and/or completed. Attach documentation in order to get recognition for prior credit (when applicable).

4. Do you have any training/ college credits in anatomy, massage therapy, nursing, physical therapy, psychology or social work? Please, explain, list and document.

5. Do you currently teach yoga? How many hours per week? If so, what types of classes and for how long have you taught? Do you own or manage a yoga business? List all places where you have taught.

Section 4: Educational Skills and Qualifications

Highest Degree or Level of Attainment

Major

Institution

Dates of Completion or Attendance

Section 5: Employment

Current Occupation

Employer

How long have you had this position?

Previous Occupation

Employer

How long did you have this position?

Section 6: Reasons for Taking the Course

Why do you want to take this course? What do you hope to learn, cultivate or explore (50-200 words is required).

Section 7: Health Information

1. List any major injuries or surgeries you have had in the last 12 months and dates.
2. List any chronic and other health conditions you have had or currently have.
3. Are you pregnant? If yes, please indicate due date.
4. Are you taking any medication? If yes, please list the medication, condition /purpose, and dosages.
5. Please, detail any acute or chronic health or other conditions that may have resulted in missing two or more weeks of work or other activity in the past two years.
6. Specify any physical limitations. What are you not able to do? (Getting on and off the floor is needed.)
7. How would you describe your overall physical and mental health: Excellent Good Fair
8. Have you ever been diagnosed with a psychological or psychiatric condition? If so, please, list diagnoses, treatment administered and dates.
9. Have you ever undergone treatment for alcohol or drug abuse? If yes, when and for how long?
10. Anything else we need to know:

Date _____

Sign _____

Application Checklist

- Have you completed Sections 1-7?
- Have you attached a recent photograph?
- Have you signed and dated the application?
- Is payment in full or deposit included or prepaid online at www.YogaAndMeditation.com
- Have you attached copies of prior Teacher Training(s) or other documentation?
- Have you attached additional sheets (if any)??

E-mail to EmaStefanova@cs.com or Send by mail completed form and payment (unless pre-paid online at our website) to:

Attn: Ema Stefanova
Ann Arbor Yoga and Meditation
P.O. Box 1033
Ann Arbor MI 48106-1033