

PREREQUISITE INFORMATION:

Personal Yoga Practice for at least 6 months? YES ___ NO ___

of years practicing Hatha Yoga: _____

Participation in Yoga classes for at least 6 months? YES ___ NO ___

Teacher's Name: _____

Yoga Style: _____

Other related experience:

YOGA TEACHING EXPERIENCE

Are you currently teaching yoga? YES ___ NO ___

of Classes per week _____

What tradition/style? _____

How long have you been teaching? _____

Do you have any past experience teaching Yoga? Explain:

YOGA TEACHER TRAINING

Are you currently certified as a Yoga Instructor? YES ___ NO ___

What style(s) of yoga are you certified in?

Where did you receive your certification?

Are currently enrolled in a Yoga Teacher Certification Program? What style(s) of yoga are you certified in?

Where did you receive your certification?

YOUR PERSONAL RESPONSE:

On a separate sheet of paper, please answer the following questions, limiting your responses to short paragraphs.

Why do you want to become certified as a Yoga Instructor?

Why did you choose the Certification Program of Om Essential Yoga?

What does Yoga mean to you?

How has your involvement with Yoga changed and developed over time?

Please describe your perception of what a yoga teacher provides his/her students?

HEALTH INFORMATION:

Under medical treatment or supervision for:

Pregnant: ____ months at time of program. Condition: _____

Current psychotherapy, counseling or psychiatric treatment for:

Hospitalization for psychiatric care: Condition and Dates:

Chronic Physical Limitations/Handicaps (e.g. vision, hearing, movement, etc.)

Nature and extent of limitation

List any serious illness or major surgery within last 5 years (e.g. heart problems, cancer etc.).
Conditions and Dates:

Communicable diseases:

Drug or alcohol addictions:

Prescription medications (indicate dosage and frequency of intake):

EMERGENCY CONTACTS: In case of emergency, please contact:

Name: _____ Relation: _____

Phone: _____

Physician: _____

Phone: _____

Therapist: _____

Phone: _____

DECLARATION OF DISCLOSURE AND ACCEPTANCE OF TERMS

I hereby declare the above information is true to the best of my knowledge. I understand that misrepresentation of this information constitutes grounds for rejecting this Application, expulsion from the program, or revocation of certification.

I have read the Program Requirements and understand that failure to complete the certification requirements as outlined in these forms will result in my not being certified.

I understand that I am entitled to no refunds, credits or adjustments resulting from my failure to complete the certification requirements.

I give my permission for my photograph to be used for promotional purposes.

Signature: _____ Date: _____