RYT200, RYT300, RYT500 YOGA TEACHER TRAINING APPLICATION 2024/2025 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. This is required for all applicants.
- Add additional pages where necessary.

Relationship

- Applicants will be notified of outcomes as soon as possible. Additional evidence may be requested.
- We look forward to working with you soon. Namaste!

Se	Section 1: Enrollment							
Ma □	Mark with an "x" for which you are applying and starting date: ☐ Holistic Teacher Training RYT 200-Hour Level (TT 1)							
	□ Advanced Teacher Training RYT300-Hour Level (TT2)							
	Complete Teacher Training RYT500–Hour: RYT200 and RYT300 in one							
	Yoga Nidra Certification Training (YNC) – Open to All / YA RYT200/RYT300 Continuing Education							
	Pranayama & Meditation Certification Training (PMC) - Open to All / RYT200/RYT300 Continuing Ed.							
*Ea RE cas *Th	*Deposit of \$500 must accompany your application and will count toward total program tuition fee. *Early enrolment discounts apply only to payments in full (see Teacher Training & Specials Pages). REFUND POLICY: You will receive a full refund MINUS a \$125 application processing fee if not accepted; in case an in-person or online interview/practice session was conducted your total refund will be \$250. *The deposit reserves your seat. Payment in full or at least 50% is due no later than 3 business days before your teacher training starting date.							
Se	Section 2: Personal Information							
Firs	First and Last Name:							
Stre	Street Address, City: State, ZIP:							
Mailing Address (if different from above):								
Gei	nder:	Date of Birth:	Country of E	irth:				
Hor	me Phone	Work		Mobile				
E-n	nail address:							
EM	ERGENCY CONTA	СТ						
Nar	ne:		Phone:					

Section 3: Yoga Information

How long did you have this position?

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 other professional certification courses you have taken and/or completed. Attach documentation if you wish to apply for recognition of prior learning (where 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 if you would like to be considered for credit for prior learning.
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 in the last 2 years.
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

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.	Hos	lth	Inform	nation
Section	/	ne:	111 T 1	ILICIL	nauon

Date_____

Section	7: Health Information
1. L	ist any major injuries/surgeries you have had in the last 12 months, and dates.
2. L	ist any chronic and other health conditions you have had or currently have.
3. A	Are you pregnant? If yes, please indicate due date.
4. <i>A</i>	Are you taking any medication? If yes, please list all, and condition you are taking it for.
	Please, detail any acute or chronic health or other conditions that may have resulted in missing two or nore weeks of work or other activity in the past two years.
6. 8	Specify any physical limitations. What are you not able to do? Getting on and off the floor is needed.
7. H	How would you describe your overall physical and mental health: Excellent \square Good \square $Fair$ \square Poor?
	Have you ever been diagnosed with a psychological or psychiatric condition? If so, please, list liagnoses, treatment administered and dates.
9. H	Have you ever undergone treatment for alcohol or drug abuse? If yes, how long have you been sober?
10.	Anything else we need to know?
I, against (, have been fully vaccinated and boosted COVID-19. I am sending separately a copy of my vaccination card as proof.
I, instructo	, agree to immediately let the lead r know in case I test positive for COVID-19, or any exposure, and isolate accordingly.

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 supporting documentation?
☐ Have you attached additional sheets (if any)?
☐ Have you attached proof of full vaccination including any booster shots?
E-mail completed and signed form to EmaStefanova@cs.com or submit in person to:
Ema Stefanova of

Include: a) Teacher Training Deposit of **\$500** unless already paid online at <u>www.YogaAndMeditation.com</u>, or b) tuition fee payment in full (check or cash) unless direct transfer of funds was received.

RTY200, Yoga Nidra, Pranayama and Meditation Certification applicants do not require an interview, and may apply directly online.

RYT300 and RYT500 applicants' initial in-person interview/practice session serves the purpose to ensure that we can work well together, that they are qualified and that our teaching method is to their liking, so they can fully commit. 30 minute initial phone interview free of charge has been sufficient in the case of some applicants.