

INTEGRAL YOGA THERAPY (IYTh) CERTIFICATION APPLICATION

For Office Use Only				
Date of Application :		Date received		
Program Start: Fall or Spring				
Personal Information				
Legal Name :				
Preferred Name (Spiritual name/Nickname):				
Date of Birth :				
Address :				
City:	State :	Zip:		
Email :				
Home Phone :	Work/Cell :			
Is English your primary language? Yes No my primary language is:				

In case of emergency, please notify:				
Name :	Relationship:	Home Phone :		
Cell Phone :	Email :			
Health Information				
Current Health Status	: If any questions are answered yes, pleas	e explain/describe.		
Pregnant?	No Yes			
Chronic health issues	^o No Yes			
Prescription medication	ons and/or natural remedies (include reas	on for taking)? No Yes		
Serious illness, injury,	or major surgery in the last 5 years? No	Yes		
Communicable Diseas	es? No Yes			
Current psychotherap	y, counseling, or psychiatric treatment?	No Yes		
Do you have any concerns about your physical or mental health that may impact your participation in this program? If yes, please explain any additional support you might need from Integral Yoga.				
Dietary Restrictions/Choices				
Vegan Gluten	Free Allergies Other:			
Education				
Have you received a high school diploma or GED? Yes No				
Please circle the high	est level of college education completed (number of years) 1 2 3 4		
Advanced degree (please describe):				

Please list schools attended, dates, and degre	ees obtained:
Other Work Outside of Yoga Teaching	
Current occupation(s)	Number of years
Past occupation(s)	Number of years
Prior Yoga Coursework/Training	
year of teaching experience is required for pa	acher training from a Yoga Alliance approved school plus a minimum of one articipation in the Integral Yoga Therapy Certification Program track to A certificate of completion must be attached to this application.
supplement your practice with Yoga therapy t	are a licensed social worker or health care professional who would like to techniques, you are welcome to join the program, but you will not be national Association of Yoga Therapists (IAYT).
Are you a 200-hour certified Yoga teacher?	Yes No
When and where did you receive your 200-ho	our level Basic Teacher Training?
Who was your Primary Instructor?	

Have you been teaching Yoga for at least one year? Yes No
Please describe your teaching experience (listing location, timeframe, population worked with, etc.) Include both past and current Yoga teaching experience.
Have you had a personal Yoga practice for at least one year? Yes No
Describe your personal practice of Yoga, including how regularly you practice and the style/tradition of past and current practice:
Do you meditate? Yes No How long? How often?
What other Yoga/meditation training experience have you had since 200 HR TT?
Please answer the following open-ended questions fully and concisely.
Have you taken any previous Yoga therapy training courses? If so, which one(s)?
Please list any other training, education, or experience you think is relevant in becoming an Integral Yoga Therapist.
Do you have any special interests or capabilities that may be relevant to becoming an Integral Yoga Therapist?

Please describe your studies and understanding of Yoga philosophy.
Please describe your studies and understanding of Ayurveda.
Why do you want to enroll in the Integral Yoga Therapy Certification (IYTh) Program?
with do you want to emonth the integral roga merapy certification (if my rogiam:
What are your expectations as a student? What do you hope to gain, learn, or work on?
How do you intend to use Yoga therapy knowledge and skills in your practice, both personally and professionally?

practice, lect	ure, experien create the ti	tial study, mentor	ing and homework assig	am of study, involving a commitment to Yoga gnments. Given your current or future commitments e IYTh program and fulfill all of the training
Are there any scheduled mo		eduling conflicts o	r anticipated events that	t could affect your ability to attend any of the
List any other	· interesting t	things about yours	elf that you would like t	to share.
•	eaching inter	ut the Integral Yog ested participants Web Search	• •	Program? This information helps us to be more Magazine
Facebook	Twitter	LinkedIn	Friend or Teacher	Other
Please provid	de specific w	ebsite, studio, or ii	ndividual names if you ca	an, as well as any other details that led you to IYTh:
	-		t advertise our programs nd social media platform	s, please indicate what print and/or online Yoga and ns you follow:

DISCLOSURE AND ACCEPTANCE OF TERMS

By submitting this form, I hereby declare the above information is true and accurate to the best of my knowledge. I understand that misrepresentation of this information constitutes grounds for rejection of this application, expulsion from the program and revocation of certification. In the event of rejection, expulsion, or revocation of certification, I understand I am entitled to no refunds, credits, or adjustments. I agree to assume all risk of damage or injury that may occur as a student of Integral Yoga Therapy Certification Program.

In consideration of being accepted as a Yoga therapy student, the undersigned releases and discharges Integral Yoga, its teachers, and students from any and all claims, demands, actions of any nature, whether present or future, anticipated or unanticipated, known or unknown, that result from the undersigned's participation in Yoga classes or practice of Yoga outside of class.

Signature	Date
Print name	

Enrollment and Payment

Choose your Home Center location: YV NY SF

Total Program Cost: \$12,950

The program cost includes

- \$108 application fee

 Due upon submission (non-refundable)
- · \$3592 Mentoring and Administrative Support

Due upon acceptance (non-refundable)*

· \$9250 Core module tuition for required non-elective modules

Due upon enrollment of individual modules

Note: Enrollment in modules is open for students once the Application and Initial Payment totaling \$3700 is paid in full. Room and Board is not included in the program tuition costs and varies by location and length of module. Integral Yoga Therapy Elective price is an additional cost and is due upon enrollment in elective.

^{*}Provides program access at all three locations, discounted tuition rate for core modules, and Practicum / Mentoring / Administrative support throughout the program.