



500-Hour Certification Program

Dear Friend

Thank you for your interest in the **AYTT 500 program**.

Enclosed you will find the 2-page Application Form

Please complete and mail the form as soon as possible. Once we have reviewed it, we will inform you of your acceptance status.

Namaste,
the staff

Certification Criteria

- This course is intended to result in your certification as a Yoga Teacher at the 500 hour level.
- Yoga Teachers must have 200 hours of documented training (provide photocopies of certificates, or equivalent), and must have a minimum of 100 hours of documented teaching experience.
- We reserve the right to withhold certification from any student who fails to develop the skills necessary to competently and safely teach Yoga as outlined in the teaching program.
- Every attempt will be made to provide input throughout the program about teaching deficits that might impede certification. Program instructors will use the following criteria to establish student eligibility for certification...

Practice Teaching

Full participation in all practice-teach sessions is mandatory for certification. During these sessions you must demonstrate an ability to teach Yoga, using the methodology presented in this training.

Certification is contingent upon competently and safely teaching Yoga as determined by the subjective evaluation of the Program Instructors.

Tests

Throughout this course, students will occasionally be required to take practical or written tests or quizzes on the material. Students who receive less than 70% on any given test will be required to re-take the test at the discretion of the instructors.

Fees

Fees for each module must be paid-in-full before each module begins.

Professional Behavior and Ethical Conduct

All students in the program are required to behave in an ethical manner to help create safety while maintaining a professional atmosphere.

Return Application Forms

Mail to: **Isha Ward**, 1-5878 Cabot Street, Halifax, NS B3K 2K1
phone: (902) 454-8398 e-mail: isha@aytt.ca

www.aytt.ca/500



500-Hour Certification Program Application Form

I am applying for the **AYTT 500** Yoga Teacher Training program starting in _____

Name _____ Age _____

Mailing Address _____

Postal Code _____

Home Phone _____ Work Phone _____ Cell _____

Occupation _____ e-mail address _____

If not currently employed, your vocation, training or profession _____

Required Information *(if an answer is no, please explain on another sheet)*

Does your 200 hour YTT certification meet **Yoga Alliance** standards? Yes _____ No _____

Date Certified _____ School of Certification _____

Number of years practicing Yoga _____

Current Yoga Teaching Experience

Are you currently teaching yoga? Yes _____ No _____ Number of Classes per Week _____

What tradition/style? _____ How long? _____

How frequent is your current practice? Daily _____ 6x/wk _____ 4-5x/wk _____ 2-3x/wk _____

What length of time do you regularly practice? ½ hr _____ 1½ hrs _____ 2 hrs (+) _____

Do you take regular classes with a particular teacher or tradition? Yes _____ No _____

Teacher's Name _____ Yoga Style/Tradition _____

List below locations and hours for required 100 hours of teaching _____

My goals and expectations for taking this training program _____

My personal relationship to yoga and being a teacher _____



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

1. What does teaching yoga mean to you?
2. How has your involvement in yoga teaching changed and developed over time?
3. Please describe your perception of what a yoga teacher provides students

Health Information

I am under medical treatment or supervision for _____

If pregnant, due date _____ Comments _____

Chronic Physical Limitations / Physical Handicaps (*Vision, hearing, movement, etc.*)

Give Nature and Extent of Limitation

Serious illness or major surgery within the last 5 years (*Heart problems, cancer, diseases, etc.*)

Conditions and Dates

Drug or Alcohol Addictions _____

Prescription Medications (*indicate dosage and frequency of intake*)

Other Medications _____

EMERGENCY CONTACTS (*In case of emergency, please contact...*)

Name _____ Phone _____

Physician _____ Phone _____

How did you find out about **AYTT 500**?

Agreement

I have read and understand all the requirements of the 500 hour Yoga Teacher Training from **Advanced Yoga Teacher Training**, and I agree to meet all requirements outlined in their Certification Criteria.

Name _____ Signature _____

Please Print

Mail BOTH pages to: **Isha Ward, 1-5878 Cabot Street, Halifax, NS B3K 2K1**

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