



Birchwood Center Level I 200-hour Yoga Teacher Training Application

September 10, 2010 - March 20, 2011

Dear Applicant,

Thank you for your interest in the Birchwood Center Level I Teacher Training 200-hour Certification program. Here are the forms that need to be completed in order to apply to our program. Please read the entire application, print clearly, and answer all questions to the best of your ability. Once we have reviewed your application we will call you to set up an application interview. After our meeting we will notify you of your acceptance status. This application does not assure your place in the program.

Please note: For your application to be considered you must enclose with it a non-refundable application fee of \$50.00 plus a \$500.00 deposit (separate checks please). This deposit is refundable if for any reason you are not accepted into the program. If you are accepted, the deposit will be applied to your tuition. This deposit is non-refundable after September 10, 2010.

If you have any questions about the application process or the certification program call the Birchwood Center office at 845.358-6409 or email info@birchwoodcenter.com.

Please complete the following steps:

1. Check the dates of program sessions to be sure you are available to attend all of the required weekend sessions.
2. Make sure that you meet the prerequisite of six months prior yoga experience, i.e. study with a teacher and personal yoga practice.
3. Fill out the application completely and sign.
4. Read the "Criteria for Certification Agreement", sign and return one copy with your application. Keep the other copy for your records.
5. Return signed application and "Criteria for Certification Agreement" plus the application fee and deposit to Birchwood Center, 85 S. Broadway, Nyack NY 10960, Attn: Teacher Training Program.

Sincerely,
Betsy Ceva, Director

THIS BOX FOR OFFICE USE ONLY

APPLICATION RECEIVED: _____

APPROVED: _____

INITIALS OF DIRECTOR: _____

NOTES: _____



**Birchwood Center Level I 200-hour
Yoga Teacher Training Application
September 10, 2010 - March 20, 2011**

Please print clearly and use the back of this sheet if more room is needed.

Name: _____

Address: _____

City _____ Zip _____

Telephone: Day _____ Cell _____

Evening _____

E-mail Address: _____

Date of Birth _____

Occupation _____

Have you studied at Birchwood Center and if so, for how long and with whom?

How long have you been practicing yoga? _____

What teachers have you studied with? _____

What style(s) of yoga? _____

At this stage in your practice, what level do you consider yourself:
beginner, intermediate, or advanced?

What do you wish to achieve through this training?

Why do you wish to be a certified yoga instructor at this time?

Are you under medical supervision for any physical or emotional illness? If yes, are you taking any medication for these illnesses? Please explain.

Are you pregnant? Yes No
If yes, how many months?_____

Do you have any physical limitations? Yes No
If yes, please explain:

Emergency Contact: Name & phone number _____

Please attach a current photo.

How did you find out about the Birchwood Center Teacher Training?

I certify that the above information is true and accurate.

Signature _____ Date _____

Birchwood Center does not discriminate on the basis of race, color, gender, religion, national origin, age, marital status, disability, or sexual preference. The information on this application will be kept confidential.

Criteria for Certification Agreement

Please take time to read through this agreement, sign it, and send one copy to us with your application. Keep the second copy for your records. Thank you.

Course Objectives:

1. To provide each student with an in-depth experience of yoga and the consciousness it fosters.
2. To have students learn basic asanas and other yogic practices through direct experience with Birchwood Center instructors and their own personal practice.
3. To instruct students in teaching methodology and help develop their skills as teachers of a basic level I yoga class.
4. To produce teachers who are creative in their teaching and are committed to the practice and understanding of yoga as a way of life.

Certification Criteria:

This teacher training course is intended to result in your certification as a level I yoga teacher. Most students who attend our program receive their certification but we reserve the right to withhold certification from any student who fails to meet our requirements or develop skills necessary to safely and competently teaching basic asanas and yogic practices. The program directors and teachers will use the following criteria to establish students' eligibility for certification:

1. Attendance - 100% attendance is required, arriving to sessions on time and staying to completion. If, in an emergency, you need to miss any session, you must notify the directors prior to the session. You will be required to make up any work or time missed to receive certification.
2. Practice teaching - Full participation in group practice teaching sessions, as both teacher and student, is mandatory. You must demonstrate your ability to teach using methodology presented in this training.
3. All practice teaching, required reading, written and other assignments must be completed and are mandatory for certification.
4. No less than 180 hours of direct contact with Charlene Bradin, Betsy Ceva, Liz Schulman and other program teachers during weekend sessions and weekly classes are required for certification.
5. All fees must be paid in full prior to receiving certification.
6. Students are responsible for signing the attendance roster at each weekend session or weekly class. To be considered present, students must stay for the duration of the session or must talk to the director or teacher before leaving.
7. Passing both the final teaching exam and final written exam is required for certification. Students will be given one opportunity to retake the exams if needed and will be given until August 31, 2011 to complete any late requirements or to take makeup exams. There will be absolutely no extensions beyond this date.

I have read and understand all the above criteria for certification. I understand that failure to complete the certification requirements will result in my not being certified. I understand that I am not entitled to any refunds, credits, or adjustments resulting from my failure to complete the certification requirements.

Signed_____Date_____