



Birchwood Center Level I 200-hour Yoga Teacher Training Application

September 11, 2009 – March 21, 2010

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

Name: _____

Address: _____

(Street Address, City, State and Zip Code)

Telephone: Home _____ Cell _____

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? _____ If yes, how many months? _____

Do you have any physical limitations? If yes, please explain _____

Emergency Contact: Name & phone number _____

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 a serious 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 through private instruction arranged with a primary teacher at a minimum of \$75 - \$125 per hour, depending on the teacher.
2. Practice teaching – Full participation in group practice teaching sessions, as both teacher and student, is mandatory. You must demonstrate your ability to teach beginners and mixed level students using the 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 the primary teachers during mandatory training 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.
7. Passing both the final teaching exam and any written exams is required for certification. Students will be given one opportunity to retake an exam if needed and will be given until December 31, 2012 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 _____