



APPLICATION INSTRUCTIONS

The TriYoga Boston Therapeutic Yoga Teacher Training program is open to all those who have an RYT 200 certification from any yoga school.

Application Deadlines

We have a rolling application policy. Our programs are ongoing and you can jump in at any time. However, the required courses are only offered at certain times. Missing required workshops will delay your certification.

Be sure to complete the following documents when submitting your application:

- Completed Application Form
- Signed Code of Ethics and Student Conduct form
- Copyright Agreement

Once you have submitted your application and it has been approved you will be sent an Enrollment Form to complete.

Yoga Therapy Training Application

Personal Information

Name _____ Today's Date _____

Address Line 1 _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email Address _____ Occupation _____

Emergency Contact:

_____ Name _____ Phone _____ Relationship _____

How did you first learn about the TriYoga Boston Therapeutic Yoga Teacher Training program?

- I practice at: _____
- I was referred by _____
- Internet Search
- IAYT Advertisement
- My yoga teacher recommended it
- Facebook
- Yoga Journal Advertisement
- Other: _____

Yoga Background

1. How long have you been practicing yoga?
2. When and where did you do your RYT-200 hour training?
3. How long have you been teaching yoga? *Please note that matriculation in this programs requires teaching experience of at least 1 year of teaching*
4. Are you currently teaching yoga? Yes _____ No _____
 - a. If yes, where do you teach?
5. What type of yoga do you practice? (Style, components of your practice, ie. Asana, pranayama, meditation, chanting, mudra, other)
6. How often do you practice?
7. Please help us get to know you by sharing something about yourself. Include goals, occupation, interests, age, background, what you love, why you are interested in Yoga Therapy. Please include a photo of yourself, as it will help us recognize you.

Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please include a second sheet if necessary. Based on your specific history, we may schedule a follow-up interview before accepting you in the program.

1. How would you evaluate your current health?

- Excellent
 - Good
 - Fair
 - Some challenges (Briefly describe)
-

2. Please let us know if you have any injuries that may affect your ability to fully participate in the training
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3. Please list any medical conditions that may affect your ability to fully participate in the training
-

4. Have you had any surgeries in the last year? If the answer is yes, please explain
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5. Is there anything else we should know about your medical history?

Code of Ethics and Code of Conduct

Please sign and return this statement along with your application.

I hereby certify that I have read and agree to abide by the Code of Ethics and Code of Conduct found in the Student Manual.

Please print your name

Date

Signature

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