Beaumont

Beaumont School of Yoga Therapy

Level II, 300 hour Certification in Yoga Therapy Application

ddress:			
Street	City	State	Zip Code
ell phone:	Home I	Home Phone:	
mail:			
ave you already attended/gra	aduated from a 200 hour yoga te	eacher training?	Y N
If yes, please provide s	school information:		
Name of school:			
Address:			
Street	City	State	Zip Code
Phone:	Email:	Website:	
	our interest in attending Level II:		
If no, please explain yo			
If no, please explain yo	our interest in attending Level II:		
If no, please explain yo	our interest in attending Level II:		

Since receiving your RYT 200, please discuss your thoughts on yoga as a teaching profession.					
	describe what aspects of yoga therapy certification nown personal practice.	_		/ approach	
	describe what aspects of yoga therapy certification notessional approach to yoga	_		/ approach	
Is there	anything else you'd like to mention?				
Are you	currently registered with Yoga Alliance as a RYT?	Υ	N		
Are you	currently teaching public yoga classes?	Υ	N		
	If so, where?				
Are you	teaching private yoga classes?	Υ	N		
	If so, where?				

Are you	u teaching yoga in a hospital, school or corporate environment? Y N
	If so, where?
Do you	have or have you ever considered a yoga professional code of conduct? Y N
	Please discuss your response to the above:
	Ticuse discuss your response to the above.
	·
Do vou	feel the benefits of yoga are currently well respected and effectively put to use by the public?
20 ,00	
	Please discuss your response to the above:
	describe what you would like to see happen for yoga therapy to thrive in our community as a spected, effectively implemented modality.
	be how you see yourself, if at all, as an influence to fulfilling the goals described in your response previous question.
to the p	Sicvious question.

Are you currently under the supervision of a physic	cian?	Υ	N
Do you have a history of injuries or illness?		Υ	N
How did you learn about the Beaumont Health Sch	ool of Yoga Th	nerapy certificat	tion program?
Are you a Beaumont Employee?	Y		N
Emergency Contact information:			
Name:			
Address:			
Street Cit	ty	State	Zip Code
Cell Phone:	Home Ph	ione:	
E-mail:			
I understand that program certification is dependent attendance, and my successful completion of assign to five excused absences. More than five excused without refund. Make up classes are not allowed. Defined as circumstances outside of the student's contained which have a demonstrably negative impact on the writing, a description of the Extenuating Circumstances will be reviewed on a case by case basis.	nments, quizz absences will Students that control which c e student's abi	tes, and exams. I result in dismint experience Extended not have be believed to attend classifications.	Students are allowed up ssal from the program renuating Circumstances, peen prevented and cass, must submit, in
I understand that all educational materials such as which are distributed during the Beaumont School personal use only. Photocopying, electronically duway is strictly prohibited.	of Yoga Thera	apy Certification	Program are for my
I have enclosed my non-refundable \$40 application	n fee.		
I attest that the above information is true.			
Signature			Date