

Deepening Into Therapeutic Yoga Training Application

Name _____ Age _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 E-mail _____
 Date of Birth _____ Weight _____ Height _____

Include your photograph here.

(This helps us remember you and communicate with you now and in the future.)

Emergency Contact Name _____
 Address _____
 Phone _____ E-mail _____

Application Questionnaire

On a separate piece of paper, please answer the following:

1. What year and where did you attend the Therapeutic Yoga Level I Training?
2. Professional Title - RYT, RN, PT, LAc, etc.
3. Name and Professional Title EXACTLY as it will appear on your certificate.
4. All students who complete the course will receive certification in Therapeutic Yoga. If you would like a certificate for CEUs as an RN or LAc, there is a \$20 fee for each additional certificate. There is a \$25 administration fee for re-issuing certificates at a later date.
5. Profession.
6. Environment and/or population you are currently working with.
7. Previous training experience.
8. Purpose for taking the course.
9. How did you hear of our course (Facebook, website [be specific], word of mouth)?
10. Any injuries, illnesses, or surgeries?
11. Are you taking any medications?
12. Is there anything else you would like to share?

Nurse: Yes, I require an additional certificate for CEU status.

Nonrefundable deposit of \$150 enclosed:

Check payable to Integral Yoga Institute

Credit Card MasterCard Visa American Express

Credit Card # _____

Expiration (MM/YY) _____ Security Code _____

Signature _____ Date _____