



**INTEGRAL YOGA THERAPY (IYTh) 800-HOUR CERTIFICATION APPLICATION**

---

Date of Application: \_\_\_\_\_

Date received (for office use only) \_\_\_\_\_

Program Start: Fall or Spring / year \_\_\_\_\_

---

**Personal Information**

Legal Name:

Preferred Name (Spiritual name/Nickname):

Date of Birth:

Address:

City:

State :

Zip :

Email:

Home Phone:

Work/Cell :

Is English your primary language?    Yes    No, my primary language is:

Are you a member of the Integral Yoga Teachers Association? Yes No

Do you want to achieve your RYT 500-hour designation during this program? Yes No

### Health Information

Current Health Status. If any questions are answered yes, please explain/describe.

Pregnant? No Yes

Chronic health issues? No Yes

Prescription medications and/or natural remedies (include reason for taking)? No Yes

Serious illness, injury, or major surgery in the last 5 years? No Yes

Communicable Diseases? No Yes

Current psychotherapy, counseling, or psychiatric treatment? No Yes

Do you have any concerns about your physical or mental health that may impact your participation in this program?  
If yes, please explain any additional support you might need from Integral Yoga.

Will you require any special accommodations/needs during your participation in the Integral Yoga Therapy program? If so, please list and explain.

### Dietary Restrictions/Choices

Vegan Gluten Free Allergies Other:

### Education

Have you received a high school diploma or GED? Yes No

Please circle the highest level of college education completed (number of years) 1 2 3 4



Who was your Primary Instructor?

Have you been teaching yoga for at least one year? Yes No

Please describe your teaching experience (listing location, timeframe, population worked with, etc.) Include both past and current yoga teaching experience.

Have you had a personal yoga practice for at least one year? Yes No

Describe your personal practice of yoga, including how regularly you practice and the style/tradition of past and current practice:

Do you meditate? Yes No How long? How often?

What other yoga/meditation training experience have you had since 200 HR TT?

**Please answer the following open-ended questions fully and concisely.**

Have you taken any previous yoga therapy training courses? If so, which one(s)?

Please list any other training, education, or experience you think is relevant in becoming an Integral Yoga Therapist.

Do you have any special interests or capabilities that may be relevant to becoming an Integral Yoga Therapist?

Please describe your studies and understanding of Yoga philosophy.

Please describe your studies and understanding of Ayurveda.

Why do you want to enroll in the Integral Yoga Therapy Certification (IYTh) Program?

What are your expectations as a student? What do you hope to gain, learn, or work on?

How do you intend to use Yoga therapy knowledge and skills in your practice, both personally and professionally?

The Integral Yoga Therapy certification program is a rigorous program of study, involving a commitment to yoga practice, lecture, experiential study, mentoring and homework assignments. Given your current or future commitments, how will you create the time and space to achieve your goals for the IYTh program and fulfill all of the training requirements?

Are there any current scheduling conflicts or anticipated events that could affect your ability to attend any of the scheduled modules?

List any other interesting things about yourself that you would like to share.

Please list three references we can contact regarding your IYTh application. One of these references must be deeply steeped in the Integral Yoga Tradition. Please provide name, position, phone, and email address. The references should email letters of recommendation directly to [YogaTherapy@IntegralYoga.org](mailto:YogaTherapy@IntegralYoga.org).

How did you find out about the Integral Yoga Therapy Certification Program? This information helps us to be more effective in reaching interested participants!

Integral Yoga Center

Web Search

Specific Website

Magazine

Facebook

Twitter

LinkedIn

Friend or Teacher

Other

Please provide specific website, studio, or individual names if you can, as well as any other details that led you to IYTh:

#### **DISCLOSURE AND ACCEPTANCE OF TERMS**

By submitting this form, I hereby declare the above information is true and accurate to the best of my knowledge. I understand that misrepresentation of this information constitutes grounds for rejection of this application, expulsion from the program and revocation of certification. In the event of rejection, expulsion, or revocation of certification, I understand I am entitled to no refunds, credits, or adjustments. I agree to assume all risk of damage or injury that may occur as a student of Integral Yoga Therapy Certification Program.

In consideration of being accepted as a yoga therapy student, the undersigned releases and discharges Integral Yoga, its teachers, and students from any and all claims, demands, actions of any nature, whether present or future, anticipated or unanticipated, known or unknown, that result from the undersigned's participation in yoga classes or practice of yoga outside of class.

Signature

Date

Print name

#### **Enrollment and Payment**

Choose your Home Center location: YV NY SF