

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Neurogenic Yoga™ Teacher Certification Program

Thank you for your interest in the Neurogenic Yoga™ Teacher Certification Program. Please email documents of the following items to the registration contact. All items must be received by the registration contact in order to be considered for the program.

- 1.) Your completed application (this sheet).
- 2.) One (1) copy of your official yoga teacher certification and any other yoga related certificates.
- 3.) Minimum of 200 classes logged of group yoga instruction. You can use the log provided on the website or create your own. NOTE: Individuals who are recognized by Yoga Alliance as E-RYT 200®, E-RYT 200, RYT 500®, E-RYT 500® are NOT required to submit logs, but must provide a copy of their current Yoga Alliance membership card.
- 4.) Completed and signed Studio Owner/Supervisor Worksheets from each institution/studio where you have taught group classes. Letters should be sent directly from the studio supervisor or owner to the registration contact person via email. Letters should be on company letterhead.

### PERSONAL INFORMATION

Home Street Address: \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country: \_\_\_\_\_

Email Address:

Mobile Number:

Home Number:

### EMERGENCY CONTACT INFORMATION

Relationship:

Name:

Number:

### ABOUT YOUR TRAINING

Date you received your 200 Hour Yoga Teacher Certification:

Where did you receive your 200 hour Yoga Teacher Training? Please provide the name of the institution, address, and phone number of your school.

Who were your primary trainers? Please provide name(s) and phone number(s).

Is your institution Yoga Alliance certified?

What style of yoga did you study?

Please specify the city in which you are planning to attend Neurogenic Yoga™ Teacher Training: \_\_\_\_\_

Please list any other related trainings that you have completed. Feel free to submit extra pages for additional information.

| Training or workshop name | Institution | Date completed |
|---------------------------|-------------|----------------|
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#### ABOUT YOUR PRACTICE

What styles of yoga do you practice?

With which teachers and what studios are you currently practicing?

Have you ever practiced neurogenic tremoring (TRE™ or Neurogenic Yoga™)? If so, how long have you been practicing?

Why do you want to be Neurogenic Yoga™ Teacher Certified?