

Studio owner/Supervisor Worksheet

Applicant Name:

Dear studio owner/supervisor,

Please complete the following form in order to verify that the above applicant has met all of the eligibility qualifications for participating in the Neurogenic Yoga™ Teacher Certification. Please return via email to the registration contact.

Studio/institution information

Name of studio:

Physical address:

Mailing Address (if different):

Phone number:

Website:

Owner/supervisor contact information

Name:

Contact phone number 1:

Contact phone number 2:

Email address:

Start date of applicant employment: _____ End date of applicant employment: _____

Please complete the statement below, sign and date.

I _____ (supervisor/owner name) verify that _____ (applicant name) has taught _____ (number of classes) group yoga classes (2 or more students) at _____ (studio name).

Print name (supervisor/owner): _____

Signature: _____

Date: _____