**500-HOUR YOGA TEACHER TRAINING May 2017-May 2018**

Thank you for your interest in AUM Home Shala’s 500-Hour Yoga Teacher Training, with a focus on the therapeutic benefits of yoga. We rely on information provided in this application to determine your capacity to participate in and benefit from all aspects of the program. Admission to the program is determined on a rolling basis. We strongly recommend that applicants submit applications as soon as possible.

To apply to the program, please do the following:

1) Review information on program dates, costs, faculty, curricula, and general information about AUM Home Shala on our website ([www.aumhomeshala.org](http://www.aumhomeshala.org)).

2) Complete the attached program application in its entirety, including the short-answer questions. ALL APPLICATIONS MUST BE ACCOMPANIED BY TUITION.

4) Wait for a letter from AUM Home Shala confirming admission. This letter should arrive by e-mail within two weeks of the date of receipt of your application. If you do not have an e-mail address, we will send it by regular mail and will also call you to inform you of your status. AUM Home Shala reserves the right to also require a phone interview if deemed necessary to arrive at an admissions decision.

**Admissions Criteria**

1) General requirements: You must be at least 18 years of age, demonstrate English-language competency, and have received a high school diploma or GED.

2) Prior coursework/training: Applicants must provide proof of 200-hour yoga teacher certification from a Yoga Alliance–approved school.

3) Complete and sign program application. **Include a copy of GED or diploma of highest degree completed. Submit proof of 200-hour yoga teacher training**.

Mail or hand-deliver all requested materials, along with payment, to:

**AUM Home Shala**

**Attn: Melinda Atkins, Director**

**3104 Florida Ave.**

**Miami, FL 33133**

**OR**

electronically scan and send to [info@aumhomeshala.org](mailto:info@aumhomeshala.org) and make payment via PayPal.

**500-Hour Yoga Teacher Training Application**

Date of application

Date received (for office use only)

Enrolling: \_\_\_Module A \_\_\_Module B \_\_\_Module A & B \_\_\_\_Bridge Program

**Personal Information**

First name

Last name

Middle initial

Name you prefer to be called

Date of birth

Age

Gender

**Current street address**

City

State

Zip code

**Permanent street address (if different than above)**

City

State

Zip code

Day phone

Evening Phone

Cell phone

E-mail

**Emergency contact:**

First name

Last name

Relationship to you

Street address

City

State

Zip code

Day phone

Evening phone

Cell phone

E-mail

**Education**

Have you received a high school diploma or GED? (yes or no):

What is your highest level of college education completed (number of years 1-4):

Advanced degree (please describe):

Please list schools attended, dates, and degrees obtained:

Please include a copy of your GED or diploma of highest degree completed with your application.

**Work**

Current occupation(s)

Number of years

Past occupation(s)

Number of years

**Fluency**

Are you fluent in English?

If no, please describe your level of proficiency and other languages that you speak fluently:

**Prior coursework/training**

Successful completion of a 200-hour yoga teacher training from a Yoga Alliance–approved school is required for participation in AUM’s 500-Hour Yoga Teacher Training.

Are you a 200-hour certified yoga teacher?

If yes, from what school did you receive your training and when?

Include a copy of your certification with your application.

Professional Equivalent:

***Please Include Equivalent Certification for consideration.***

**Interest in Yoga**

How did you find out about AUM Home Shala’s 500-Hour Yoga Teacher Training?

(At AUM Home Shala Front Desk during visit, Natural Awakenings ad, Yoga Alliance, Kripalu Yoga Teachers Association, IAYT, Brochure, Facebook, Twitter, Instagram, Newsletter, AUM Home Shala website, Web search, Referral Friend, Other):

In order to help us determine where to best advertise our programs, please indicate what print and/or online yoga and wellness publications you read frequently:

2. Please list previous yoga teaching and training experience (length of time, specific teachers, types of yoga).

3. Please list any other training or experience that you think is relevant.

4. Why are you interested in training at AUM?

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

6. List any other interesting things you think we should know about you.

7. Specifically, what types of yoga do you mostly teach and to which age group(s)?

**Health Information**

Are you currently seeing a health-care provider and, if so, what for?

Are you taking any long-term prescription or over-the-counter medication?

If yes, please list the medication and the reason for taking:

**Do you have or have you had:**

\_\_\_\_ Allergies  
\_\_\_\_ Anemia  
\_\_\_\_ Anxiety Disorder  
\_\_\_\_ Arthritis (\_\_\_\_Rheumatoid)  
\_\_\_\_ Asthma  
\_\_\_\_ Back Pain  
\_\_\_\_ Bladder or bowel control problems \_\_\_\_ Blood Thinners  
\_\_\_\_ Broken Bones  
\_\_\_\_ Cancer  
\_\_\_\_ Chest Pains  
\_\_\_\_ Chronic Fatigue Syndrome/Mono \_\_\_\_ Chronic Pain/fibromyalgia  
\_\_\_\_ Colitis  
\_\_\_\_ Depression  
\_\_\_\_ Diabetes  
\_\_\_\_ Digestive Problems  
\_\_\_\_ Dizziness, vertigo or loss of balance \_\_\_\_ Eating Disorder  
\_\_\_\_ Epilepsy  
\_\_\_\_ Eye Problems  
\_\_\_\_ Gastritis/ulcer  
\_\_\_\_ Glaucoma  
\_\_\_\_ Headaches  
\_\_\_\_ Hearing Difficulty  
**Women Only:**\_\_\_\_\_PMS or irregular period

If you answered yes to any of the above questions, please describe fully.

Please describe any injuries, surgeries, or other medical health concerns:

Please ask any questions or voice any concerns that you have about participating in yoga classes as a part of AUM’s 500-Hour Yoga Teacher Training:

**Short Answer Section**

Please answer the following questions:

1) Explain your interest in a 500-Hour Yoga Teacher Training, with a focus on the therapeutic benefits of yoga, including your personal and professional goals in the field.

2) Describe your knowledge of and personal experience with the therapeutic benefits of yoga.

3) Describe your personal experience with yoga philosophy and practice, including a description of your yoga practice.

4) AUM Home Shala’s 500-Hour Yoga Teacher Training, with a focus on the therapeutic benefits of yoga, is a rigorous program of study, involving a commitment to yoga practice, lecture, experiential study, and homework assignments. After reviewing the curriculum online, what potential challenges do you foresee given the intensive nature of this program?

5) Please describe your plans for incorporating the training into your personal and/or professional life.

I acknowledge that all information submitted in this application is true and accurate.

Signature (typed if submitted online)

Date

Print Name

**AUM hOMe Shala Professional Disclosure Form and General Release**

We are delighted to have you as a student. The following information will help you get the most out of your program experience and clarify the role of a yoga teacher. Please read and sign below.

1. All exercise programs involve a risk of injury. By choosing to participate, you voluntarily assume a certain risk of injury. The following guidelines will help you reduce your risk of injury:

* Listen to and follow the yoga teacher’s instructions carefully.
* Breathe smoothly and continuously as you move and stretch.
* Do not hold your breath or strain to attain any position.
* Work gently, respecting your body’s abilities and limits.
* Don’t perform postures or movements that are painful.
* Ask if you are unsure how to perform a certain movement.
* Menstruating women should not practice inverted postures.
* Pregnant women must consult their health care provider before

enrolling in class.

1. It is always advisable to consult your physician before embarking on any training

program that involves movement. Please complete the Health Information Portion of this application thoroughly and inform faculty members of any health conditions that could be affected by your practice of yoga or yoga therapy. If you are unsure about a condition, please speak to your teacher.

1. Awareness is fundamental to the practice of yoga. It is your responsibility as a student to monitor each activity and determine whether it is appropriate for you to participate. Though you will have many teachers through the course of the program, you remain primarily responsible for your safety and well-

being.

The undersigned assumes all risk of damage or injury that may occur as a student in AUM Home Shala Yoga Therapy, yoga, or other classes, both while attending classes and following instruction at home. In consideration of being accepted as a student, the undersigned releases and discharges Melinda Atkins, AUM hOMe Shala, and 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. I have read, understand, and agree to the content of the Professional Disclosure Form and General Release.

Student’s Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date Date

**RELEASE AND CONSENT TO VIDEO or PHOTOGRAPH**

For use to promote AUM hOME Shala Yoga Programs

Subject’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUM hOMe Shala established its 500-Hour Yoga Teacher Training Program in 2011, with a focus on the therapeutic benefits of yoga. I understand that AUM hOMe Shala routinely promotes the educational, health, and spiritual benefits of yoga in rehabilitation. I also understand that AUM hOMe Shala creates teacher manuals and videos of technique to share with others.

I hereby consent to being the subject of photographs and videos taken for the above stated purposes and promoting Shala Yoga programs and hereby release AUM hOMe Shala from any and all claims for damages for libel, slander, invasion of privacy, or any other claim based upon the use of my image and likeness as stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

**Enrollment and Payment**

**I am applying for (Please circle):**

\_\_\_\_\_Module A (Musculoskeletal)

\_\_\_\_\_Module B (Body Systems)

\_\_\_\_\_Module A & B

\_\_\_\_\_Bridge Program

**Tuition (thru MAY 31, 2017):**

Module A: $4,100.00  
Module B: $4,100.00

Module A & B (including $150 Discount): $8050.00

Application Fee: $100.00

Bridge: $5,200.00USD

**Payment Information**

\_\_\_\_Enclosed is a check for $\_\_\_\_\_\_\_\_\_\_\_\_\_

***(please make check payable to AUM Home Shala)***

\_\_\_\_ to pay online via PayPal, please visit our website at http://aumhomeshala.org/trainings/500-hour-certification/

**Mail or Hand Deliver to: AUM Home Shala**

**Attn: Melinda Atkins, Director**

**3104 Florida Ave.**

**Miami, FL 33133**