



Clinical Yoga Therapy 1,000-Hour Certification Program Application May 2018-May 2019

Thank you for your interest in AUM Home Shala's Yoga Therapy Certification Program that focuses 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 both a semester and rolling basis. We strongly recommend that applicants submit applications as soon as possible.

To apply to the program, please do the following:

- 1) Review the information on program dates, costs, faculty, curricula, and general information about AUM Home Shala on our website (www.aumhomeshala.org).
- 2) Complete the attached program application in its entirety, including the short-answer questions. All applications must be accompanied by an Application Fee.
- 3) 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 admission's decision.

Admissions Criteria

- 1) General requirements: You must be at least 21 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) One year of teaching experience: Applicants must provide proof that they have taught yoga for at least one year.
- 4) Complete and sign program application. **Include a copy of GED or diploma of highest degree completed. Submit proof of 200-hour yoga teacher training and one year of teaching experience.**

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. Application payment may be made via PayPal.



Clinical Yoga Therapy 1000-Hour Program Application

Date of application _____ Date received (for office use only) _____

Enrolling: _____ Module A & B _____ Clinical Practicum

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? (circle one) Yes No

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

Advanced degree (please describe): _____

Please list schools attended, dates, and degrees obtained: _____

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



Work

Current occupation(s) _____ Number of years _____

Past occupation(s) _____ Number of years _____

Fluency

Are you fluent in English? Yes No 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 1000-Hour Yoga Therapy Program.

Are you a 200-hour certified yoga teacher? (circle one) Yes No

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 AUM

How did you find out about AUM Home Shala’s Clinical Yoga Therapy Program?

___ AUM Home Shala Front Desk during visit ___ Natural Awakenings ad

___ Yoga Alliance ___ Kripalu Yoga Teachers Assoc. ___ 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: _____

Interest in Yoga

1. List previous yoga teaching and training experience (length of time, specific teachers, types of yoga).



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

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?

Yes NO 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



Assumption of Risk/Waiver of Liability and Media Release
ASSUMPTION OF RISK/RELEASE OF LIABILITY AND INDEMNITY
AGREEMENT

Assumption of Risk: I recognize the possibility of potential injury that may result from participating in Yoga classes or any other classes at Aum Home Shala (“Shala”). Being fully aware of this risk, I voluntarily choose to participate in Shala programs and accept all risks associated with that participation. In consideration of being accepted as a Yoga student, I on my own behalf, and on behalf of my heirs, administrators, executors and successors, hereby forever release and covenant not to the Shala, its officers, directors, shareholders, employees, volunteers and all others associated the Shala including Melinda Atkins, from all liability for any and all damages and injuries I may suffer while under the instruction, supervisions or control the Shala. I hereby fully agree to individually provide for all present and possible future medical expenses which I may incur as a result of any injury sustained while participating at or for the Shala.

I have read and understand this acknowledgment of policies, risk and waiver of liability and I voluntarily affix my name in agreement.

 Student’s Name (please print)

 Date

 Student’s Signature

Indemnification and Hold Harmless: I also agree to INDEMNIFY DEFEND AND Aum Home Shala, (“Shala”) its officers, directors, shareholders, employees, volunteers and all others associated with the Shala including Melinda Atkins HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including but not limited, attorney’s fees, arising from, or in any way related to my participation in Shala programs, classes and events, except for those arising out of the willful misconduct and/or gross negligence of the above named parties, as applicable.

I have read and understand this acknowledgment of policies, indemnification and hold harmless agreement and I voluntarily affix my name in agreement.

 Student’s Name (please print)

 Date

 during, and following the protocol.



AUM hOMe Shala
Yoga Therapy
501 (c)(3) Non-Profit

MEDIA RELEASE
Audio and Image Consent

By attending and participating in all AUM hOMe Shala classes and events, I hereby grant my permission to AUM hOMe Shala and its officers, directors, shareholders, employees, volunteers and all others associated with AUM hOMe Shala, including Melinda Atkins, to be filmed, audiotaped, or photographed by any means, and grant full use of my likeness, voice and words without the expectation of compensation.

I have read and agree to the above.

Student Name (please print)

Date

Student Signature



Enrollment and Payment

I am applying for (Please check one):

_____ Module A (Musculoskeletal) & Module B (Body Systems) (\$9900)

_____ Clinical Practicum (\$5800)

Tuition (thru MAY 31, 2019):

Modules A + B: \$9,900.00 USD

Application Fee: \$100.00 USD

Clinical Practicum: \$5,800.00USD

Payment Plan Terms for Yoga Therapy Module Courses: Check Payment Plan if applicable:

_____ 2-Payment Plan: 50% to start (\$5050); balance of (\$5050) due the 1st of the fourth month after course begins. There is a service fee of \$200 included.

_____ 4-Payment Plan: 25% to start (\$2,575.00), with 3 additional payments of \$2,575.00 due the 1st day of the third, sixth, and ninth month after course begins. There is a service fee of \$400 included.

_____ 6-Payment Plan: \$1750.00 to start, with 5 additional payments of \$1750 to be paid on the first day of every other month after course start. There is a service fee of \$600 included.

Payment Plan Terms for Yoga Therapy Clinical Practicum: Check Payment Plan if applicable:

_____ 2-Payment Plan: 50% to start (\$3,000); balance of (\$3,000) due the 1st of the fourth month after course begins. There is a service fee of \$200 included.

_____ 4-Payment Plan: 25% to start (\$1,550.00), with 3 additional payments of \$1,550 due the 1st day of the third, sixth, and ninth month after course begins. There is a service fee of \$400 included.

_____ 6-Payment Plan: \$1067.00 to start, with 5 additional payments of \$1067 to be paid on the first day of every other month after course start. There is a service fee of \$600 included.



Completion, Cancellation, Refund Policy for Module program:

Students have up to 18 months to complete the Module portion of the program.

If you cancel three weeks prior to the first session of the program, you will receive a full refund minus a \$450 nonrefundable processing fee. If you cancel between 3 weeks and 1 week prior to the program, you will receive a refund of half the tuition, minus the \$450 nonrefundable processing fee. Cancellations less than 1 week prior to the program are nonrefundable.

A minimum of five (5) participants are required in order to make the modules available as offered. In the event that participation does not reach the minimum of five (5) students, AUM Home Shala reserves the right to reschedule the dates of a Module course or cancel the program and refund tuition.

Completion, Cancellation, Refund Policy for Clinical Practicum:

Refunds: No refunds will be given once in-clinic work has been started.

Mentor Program and Additional Fees:

- The Module course includes a mentoring component, with a total of eleven hours of mentoring required (in person, or via Skype or telephone); payment of \$100 per 60-minute session is made directly to the mentor. Module Course students are required to spend 11 hours working with faculty mentors, at a cost of \$100/hour. Mentorship fees are in addition to Module tuition and are paid directly to each mentor for their time and guidance.
- Students are required to carry a current Liability Policy naming AUM Home Shala as a Certificate Holder.
- Required text:
 - *The Yoga Sutras of Patanjali: Commentary on the Raja Yoga Sutras* by Sri. Swami Satchidananda. Yogaville: Integral Yoga Publications.
 - *The Living Gita: the Complete Bhagavad Gita: A Commentary for Modern Readers* Yogaville: Integral Yoga Publications.
 - *Hatha Yoga Pradipika* by Swami Muktibodhananda
 - *Always Looking Up*, Michael J. Fox's autobiography
- Module students must purchase a pair of CEAL Blue Scrubs and have our logo embroidered, as well as their name, or purchase a name tag separately. These are to be worn in clinic. Cost is variable according to the style you choose; average price with embroidery is \$40. Students are responsible for purchasing their own scrubs. We recommend that students have a professional head shot taken wearing their scrubs.
- Students will be required to purchase two manuals from faculty members, at \$25 each.
- Students are required to purchase a stethoscope, blood pressure cuff, and goniometer. Costs will vary according to the quality chosen. Approximate costs are as follows: Goniometer: \$12-\$15; stethoscope: starting at \$25; blood pressure cuff: starting at \$15.



- Clinical students must purchase a lab jacket in a style of their choosing, with logo and embroidered name (or name tag). These are to be worn in clinic, and average \$40 with embroidery. Additionally, clinical students must wear Shala yoga pants/shorts/shirt under their jacket. Cost is \$25/shirt; \$35/pants or shorts. Students must have a professional head shot taken wearing their jacket.
- An \$80 fee is applicable for the HIPPA test.

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