**Clinical Yoga Therapy Foundation Program**

**Application**

**2025**

Thank you for your interest in the Yoga Therapy Foundation Program at AUM Home Shala. Your application is crucial in determining your eligibility for the program. Admissions are processed on a semester basis, and we recommend early submission.

To apply:

1. Explore the program details, faculty information, curriculum, and general information about AUM hOMe Shala by reviewing the Student Informational Materials and Handbook available on our website: <https://aumhomeshala.org/trainings/clinical-yoga-therapy-certification/>
2. Complete the attached application thoroughly, including short-answer questions, and include the required Application Fee.
3. You will receive an email from AUM hOMe Shala confirming your admission status within one week of submission. Afterward, two Zoom sessions will be scheduled. The first will be a Q &A, led by either the Director or a faculty member, to provide a program overview and address any questions. The second session will be an interview with both the Director and a faculty member. Applicants will be notified of their enrollment status within 48 hours of the second interview.

**Admission Requirements**

1. **General Eligibility:** Applicants must be at least 21 years old, proficient in English, and possess a high school diploma or GED.
2. **Previous Coursework/Training:** Candidates must provide proof of a 200-hour yoga teacher certification from a Yoga Alliance registered school or, for healthcare professionals, transcripts of study and a valid license in their area of specialization. Additionally, one year of Yoga practice plus teaching experience is required.
3. **Complete and sign the program application** and attach a copy of your GED or highest degree diploma. Include documentation of a completed 200-hour yoga teacher training or, for healthcare professionals, transcripts and a valid license in your field, as well as proof of one year of teaching experience. Email all required materials to info@aumhomeshala.org. A $100 non-refundable application fee applies, refunded only if the applicant is not accepted. If accepted, the application and fee are valid for one year. Payment can be made via PayPal on our website or through Zelle to info@aumhomeshala.org.

**Clinical Yoga Therapy Foundation Program Application**

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

Enrollment Options (√ one) **\_\_\_\_** Foundation Only **\_\_\_\_**Foundation + Clinical Practicum

**Personal Information**

First name ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle initial \_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ Gender \_\_\_\_\_\_

Current street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_

Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent street address (if not the same as provided above)

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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**

Do you possess a high school diploma or GED? (√ one) \_\_\_Yes \_\_\_No

Please indicate the highest level of college education completed by checking the corresponding number of years: \_\_1 \_\_2 \_\_3 \_\_4 \_\_5+

Advanced degree (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide details of schools attended, including dates and degrees earned:

Please include a copy of your GED or diploma from your highest completed degree with your application. For healthcare professionals, please provide transcripts of study and a valid license in your area of specialization.

**Work**

Current occupation(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of years\_\_\_\_\_\_\_\_\_\_

Past occupation(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of years\_\_\_\_\_\_\_\_\_\_

**Fluency**

Are you proficient in English? \_\_\_Yes \_\_\_No If not, please specify your proficiency level and list any other languages you speak fluently:

**Prior coursework/training**

Completion of a 200-hour yoga teacher training from a Yoga Alliance–approved school is mandatory for enrollment in AUM’s Yoga Therapy Program.

Are you a certified 200-hour yoga teacher? (Check one) \_\_\_\_Yes \_\_\_\_No If yes, please specify the school where you received your training and the date.

***Include a copy of your certification with your application.***

Professional Equivalent: Are you a healthcare professional. with a valid license in an area of specialization. (√ one) \_\_\_\_Yes \_\_\_\_No

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

**Interest in AUM**

*How did you find out about AUM Home Shala’s Clinical Yoga Therapy Program? Check* √ *those that apply*

**\_\_\_**AUM Home Shala Website **\_\_\_**Shala Newsletter  **\_\_\_**Shala Flyer  **\_\_**IAYT

**\_\_\_**Kripalu Yoga Teachers Assoc. \_\_\_Yoga Alliance  **\_\_\_**Web search

**\_\_\_**Friend Referral **\_\_\_** Facebook **\_\_\_**Instagram **\_\_\_**Twitter

\_\_\_Instagram **\_\_\_**Natural Awakenings ad

**\_\_\_**Other (Describe\_\_\_\_\_\_\_\_\_\_\_\_)

To assist us in targeting our program advertisements effectively, kindly specify the print and/or online yoga and wellness publications you regularly engage with:

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

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**Interest in Yoga**

1. Please summarize your experience in teaching and training yoga, covering duration, notable instructors, and styles practiced. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Please elaborate on any further training or relevant experiences you find significant.

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3. What motivates your interest in pursuing a role as a Yoga Therapist at AUM?

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4. As a student, what are your expectations? What are your objectives in terms of what you hope to acquire, learn, or focus on?

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5. What types of yoga do you primarily teach and to which age groups?

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6. Detail your personal yoga practice.

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7. Please provide any additional information you believe is pertinent for us to know about you.

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**Health Information**

Are you presently under the care of a healthcare provider? If yes, please specify the reason.

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Are you currently using any long-term prescription or over-the-counter medication? If yes, please list the medication and the reason for usage.

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**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 affirmatively to any of the preceding questions, please provide a detailed description.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please detail any injuries, surgeries, or medical health concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share any questions or concerns about participating in yoga therapy classes in AUM Home Shala’s Clinical Yoga Therapy Foundation Program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Short Answer Section**

Please respond to the following questions.

1) Share your interest in our Yoga Therapy Foundation Program, emphasizing yoga's therapeutic benefits. Outline your personal and professional objectives in this field and discuss your understanding and experiences with yoga therapy.

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2) Describe your personal experience with yoga philosophy and practice, including details about your routines and practices. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3) After reviewing the curriculum on our website, what challenges do you anticipate with the intensive Clinical Yoga Therapy Foundation Program at AUM Home Shala, which includes yoga practice, lectures, experiential learning, and homework?

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5) How do you plan to integrate this training into your personal and professional life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

 **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 select one):**

\_\_\_\_\_Yoga Therapy Foundation Program: **607.5 hours**

* 267 Residential + 184.25 Synchronous + 159.25 Asynchronous Hours

\_\_\_\_\_ Yoga Therapy Foundation Program + Clinical Practicum**: 1,220.5 hours**

* Foundation: 267 Residential + 184.25 Synchronous + 159.25 Asynchronous Hours
* Clinical Practicum: 336.5 Residential + 239.5 Synchronous + 34 Asynchronous Hours

**Tuition:**

* **Non-Refundable Application Fee:** **$100.00 USD**
* A $100 non-refundable application fee applies, refunded only if the applicant is not accepted. If accepted, the application and fee are valid for one year. Payment can be made via PayPal on our website or through Zelle to info@aumhomeshala.org.
* Yoga Therapy Foundation Program: **$5,900.00**USD
	+ Does not include Clinical Practicum
* Yoga Therapy Foundation Program + Clinical Practicum: **$11,300.00** USD
* Must sign up for both trainings at the same time

**Payment Plan Terms for Yoga Therapy Foundation Program ONLY: Please indicate if the Payment Plan is applicable by checking the box.**

\_\_\_\_\_ 2-Payment Plan: Initiate with 50% (**$3,050.00 USD), with the remaining balance ($3,050.00 USD**) due on the 1st of the fourth month following the course commencement. Includes a $200 service fee.

\_\_\_\_\_ 4-Payment Plan: Initiate with 25% (**$1,575.00 USD**), **followed by 3 installments** of (**$1,575.00 USD**) due on the 1st day of the third, sixth-, and ninth-month post-course commencement. Includes a $400 service fee.

\_\_\_\_\_ 6-Payment Plan: Initiate with (**$1,085.00 USD**)**, followed by 5 installments of ($1,085.00 USD**) on the first day of every other month post-course start. Includes a $600 service fee.

**Payment Plan Terms for Yoga Therapy Foundation Program + Clinical Practicum: Please indicate if the Payment Plan is applicable by checking the box.**

* Must sign up for both trainings at the same time

\_\_\_\_\_ 2-Payment Plan: Initiate with 50% (**$5,750.00 USD), with the remaining balance ($5,750.00 USD**) due on the 1st of the fourth month following the course commencement. Includes a $200 service fee.

\_\_\_\_\_ 4-Payment Plan: Initiate with 25% (**$2,925 USD)**, **followed by 3 installments** of (**$2,925 USD**) due on the 1st day of the third, sixth-, and ninth-month post-course commencement. Includes a $400 service fee.

\_\_\_\_\_ 6-Payment Plan: Initiate with (**$1,985.00 USD**)**, followed by 5 installments of ($1,985.00 USD**) on the first day of every other month post-course start. Includes a $600 service fee.

**Completion, Cancellation, Refund Policy for Foundation program:**

Students have up to 12 months to complete the Foundation program. For those enrolled in both the Foundation and Clinical Practicum programs, the minimum completion time is 24 months, with a maximum of 30 months to finish both programs. If additional time is needed, an extra fee will be charged based on the difference between the tuition at the time of enrollment and the tuition at the time of the extension request.

**Cancellation Policy for Foundation Program:**

* Full refund minus $450 fee if canceled 3+ weeks prior to the first session.
* 50% refund minus $450 fee if canceled 1-3 weeks prior.
* No refund if canceled less than 1 week prior.

The program requires a minimum of five participants. If this minimum is not met, AUM Home Shala may reschedule or cancel the program and refund tuition.

**Completion, Cancellation, Refund Policy for Clinical Practicum:**

Refunds are not available once in-clinic practicum work begins.

**Mentor Program and Additional Fees:**

* The Foundation program requires eleven hours of mentoring, conducted in person, via Zoom, or by phone, at $100 per 60-minute session, paid directly to the mentor. These fees are in addition to the Foundation tuition.
* Students must have 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. $12.49
	+ *The Living Gita: the Complete Bhagavad Gita: A Commentary for Modern Readers*Yogaville: Integral Yoga Publications*.* $14.60
	+ *Hatha Yoga Pradipika by*Swami Muktibodhananda $20
	+ *Always Looking Up,* Michael J. Fox’s autobiography $11.39
* Foundation students must obtain CEAL Blue Scrubs with our logo and their embroidered name or purchase a separate name tag. These scrubs, worn during clinic sessions, vary in cost depending on the chosen style, averaging around $40 with embroidery included. Students are responsible for acquiring their own scrubs and are advised to have a professional headshot taken while wearing them.
* Clinical Practicum students must buy a lab jacket with logo and embroidered name or name tag, to be worn in clinic, averaging $40 with embroidery. Additionally, they must wear Shala yoga pants/shorts/shirt under the jacket, costing $35/shirt and $35/pants or shorts. A professional headshot wearing the jacket is required.
* The HIPPA online course and test, costing around $30, are to be taken independently, allowing students to select their preferred course.

**Payment Details: Check one**

**\_\_\_\_** I will submit an online payment via PayPal. For further details, please visit our website: <https://aumhomeshala.org/trainings/bridge-program/>

**\_\_\_\_** I will make payment using Zelle at: info@aumhomeshala.org.