

1000-hour ECYT Yoga Therapist Training Program

Student Application Form



Date: _____

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: (Cell) _____ (Other) _____

Date of Birth (optional): _____

Email: _____

Emergency Contact Name: _____ Phone: _____

How did you find out about this program? _____

List all physical injuries, limitations, and medical conditions: (This has no bearing on your acceptance to the program; this is to prepare your teachers for modifications that may be necessary.)

Are you seeing any professionals related to the above (e.g., physician, chiropractor, physical therapist, etc.)?

How long have you been practicing yoga?

Who is your primary teacher(s)?

What style or lineage of yoga do you practice and/or teach?

Describe your home practice (yoga asana, meditation, pranayama, chanting, etc.).

When and where did you complete a 200-hour Teacher Training Program?
Please provide a copy of your certificate of completion.

List your yoga-related education beyond the 200-hour training such as workshops, conferences, retreats, etc.

List any yoga teaching experience you have including dates, location, level of classes, and style.

List other related modalities that you have studied including dates and locations (e.g., physical therapy, Ayurveda, etc.)

Please list information for 2 persons who can verify your yoga experience as a student and as a teacher.

	Name	Email	Phone
1.			
2.			

Why are you interested in a Yoga Therapy training program?

What is your understanding of the difference of a yoga teacher and a Yoga Therapist?

How do you plan to use your teacher training in practice?

Signature

Date

Please mail this along with a non-refundable application fee of \$25 payable to East Coast Yoga Therapy.

East Coast Yoga Therapy
6000 Meadowbrook Mall Court, Suite 1
Clemmons, NC 27012

You will be contacted within 2 weeks to schedule an interview with Terry Brown and/or Valerie Kiser.