85-HOUR PRENATAL YOGA TEACHER TRAINING PROGRAM APPLICATION

Submit completed applications via email to: Diana@yogashaktistudio.com. Use additional pages as needed.

Please complete the following application. You may use additional pages if needed.

Name:_____

Phone:_____ Email:_____

Address:_____

1. How long have you been practicing yoga? Where/with whom are you currently practicing?

2. How long have you been teaching yoga and what type of certifications have you received? What style of yoga do you teach?

3. Do you have any additional qualifications that might be relevant to this training?

4. Have you ever taught prenatal yoga in a group or private setting? What has your experience been?

5. What has inspired you to want to teach yoga to prenatal and postpartum women?

6. What skills do you have that will enhance your ability to serve this population?

7. What will you see as your primary challenges to serving this population?

8. Do you plan to pursue your RPYT (Registered Prenatal Yoga Teacher) status through Yoga Alliance (please see Certification description for the additional requirements for achieving this certification)?

9. What is your motivation for taking our teacher training program?

10. What are your goals as a yoga teacher if you become certified?

11. Do you have any injuries or physical conditions?

12. How were you referred to the Yoga Shakti Prenatal Teacher Training program (studio, friend, other-please state)?