



## 15 HOUR PRENATAL CONTINUE EDUCATION TRAINING APPLICATION

The application is used to help Program Director to assess students' eligibility to the training and to be more aware of students' experience, style of practice and needs prior to the start of the program.

### Contact Information

First and Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

### Personal Experience

Provide a brief description of your experience or background with Yoga.

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How long have you been practicing Yoga?

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Are you a certified yoga teacher?  Yes  No

Where did you receive your certification?

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When did you receive your certification?

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Are you teaching at the moment?  Yes  No

Why are you interested in participating in this Prenatal Continue Education Training?

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### Health Information

Do you have any medical conditions or injuries?  Yes  No

If yes, please describe:

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Do you have any concerns, or will you need any special accommodations?

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Applicant signature

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Date