

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.

First and Last Name:	Email:
Home Number:	Cell Number:
Address:	
Personal Experience	
Provide a brief description of your experience or background with Yoga.	
How long have you been practicing Yoga?	
Are you a certified yoga teacher? O Yes O No	
Where did you receive your certification?	
When did you receive your certification?	
Are you teaching at the moment? O Yes O No	
Why are you interested in participating in this Prenatal Continue Education Training?	
Health Information	
Do you have any medical conditions or injuries? O Yes O No	
If yes, please describe:	
Do you have any concerns, or will you need any special accommodations?	

Applicant signature

Be Earth Yoga does not discriminate against any person based on race, color, sex or sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs.