



Teacher Training Program Application

Name: _____

Address: _____

Email address: _____ Phone Number: _____

Describe your Iyengar Yoga studies: teachers, number of years, frequency of study, workshops or conventions attended, etc.:

Who is your primary Certified Iyengar Yoga Teacher and how long (length and frequency) have you studied with them?

Please describe other yoga experience and yoga teacher trainings:

Are you currently teaching yoga? If yes, please describe:

Education:

Work experience:

Briefly describe your home practice:

Why do you want to enroll in this teacher training program?

What are your goals upon completion of the program? Check all that apply:

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- | | |
|---|-----|
| Begin to teach Yoga | ___ |
| Become a Certified Iyengar Yoga Teacher | ___ |
| Deepen my Yoga practice | ___ |
| Enhance my knowledge to support my current teaching | ___ |
| Not sure | ___ |
| Other | ___ |
-

Do you regularly practice standing poses as in the Iyengar Method? _____

Do you regularly practice inversions as taught by the Iyengar Method? _____

Will you be able to allot time to practice, study, read and complete assignments? _____

Do you have any specific needs in your practice? Please describe:

I understand that completing this program does not make me a Certified Iyengar Yoga Teacher. I also understand that further study with a qualified Certified Iyengar Teacher may be needed in order to meet the minimum requirements for assessment by IYNAUS. Minimum requirements for assessment are subject to change.

Signature: _____

Please attach additional pages if needed.

Please send application to Sunset Yoga Center, 12923 NW Cornell Road #203, Portland OR 97229. Application due December 31st 2016.