

## **Pranakriya™ Yoga Teacher Basic Certification Criteria**

### **Certification Criteria:**

This course is intended to result in your certification as a Basic Level Yoga Teacher in the Pranakriya™ tradition. Certified yoga teachers must possess the skills necessary to safely and competently teach yoga. Although the majority of students who complete this program are certified, we reserve the right to withhold certification from any student who fails to develop the skills necessary to competently teach Pranakriya™ yoga.

Every attempt will be made to provide input throughout the program about teaching deficits that might impede certification. If it is determined that a student has not successfully met the certification requirements, they will meet with the program director who will determine with them the appropriate steps needed to complete certification. This may include the need to work with a certified teacher after the program at the student's expense. In most cases this process takes three to six months. If the student cannot show the necessary skills after one year of work, certification cannot be obtained without repeating the program.

The following criteria will be used to determine eligibility for certification:

1) We require 100% attendance for all sessions. **Program dates (2010): March 5-7, April 2-4, May 1-3, June 4-6, July 16-18, August 6-8, September 10-12, October 1-3, November 5-7, (make-up date December 10-12).** Program times are Fridays 6-9:30pm, Saturday 8:30-6:30pm, Sunday 8:00-6:00pm. If you must miss any session please contact Jacci Reynolds before the program starts. For situations that arise during the training, contact the director as soon as possible to explore possibilities. Missed sessions must be made up before the program ends at the student's expense.

2) All homework assignments must be done as assigned.

3) All students must participate fully in all exercises and practice teach sessions in the program. The practice teach sessions are opportunities to cultivate teaching skills. They are also opportunities for the program director to ascertain students' progress and ability to safely lead and teach yoga.

4) Students are also required to purchase the book **Anatomy of Movement**, by Blandine Calais-Germain, Eastland Press.

If you have any questions about our certification criteria, contact Jacci Reynolds at 505.603.0803 or [yogawithjacci@gmail.com](mailto:yogawithjacci@gmail.com).

# Pranakriya™ Yoga Basic 200hr Certification Program Application Form

Please provide all the information requested below. Use as much paper as necessary. Submit only completed applications, and please attach a portrait photo to your application. This photo is for our records only and is not part of our screening process.

**Please mail your completed application to: Jacci Reynolds, 32 Juego Road, Santa Fe, NM 87508.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_

How long have you been practicing Yoga?\* \_\_\_\_\_  
Have you practiced with a teacher? Yes: \_\_\_\_\_, No: \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_  
Teacher's Style: \_\_\_\_\_  
Do you have a personal practice? Yes: \_\_\_\_\_, No: \_\_\_\_\_, If yes describe

\*By yoga we mean Asana and Pranayama. Do not include dance, exercise, Tai-chi, Feldenkrais, etc.

Please list any Yoga workshops or training that you have taken. Please give dates and instructors names.

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Are you currently teaching yoga?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Number of classes/week: \_\_\_\_\_  
Style: \_\_\_\_\_ How long have you been teaching? \_\_\_\_\_

### Health Information:

(If you answer "yes" to any of the following questions please describe fully on a separate sheet.)

- 1) Are you currently under medical treatment for any physical or psychological condition? Yes: \_\_\_\_\_, No: \_\_\_\_\_
- 2) Have you ever been hospitalized for a psychiatric condition? Yes: \_\_\_\_\_, No: \_\_\_\_\_
- 3) Do you have any chronic physical limitations or disabilities? Yes: \_\_\_\_\_, No: \_\_\_\_\_
- 4) Do you have any communicable diseases? Yes: \_\_\_\_\_, No: \_\_\_\_\_
- 5) Are you in recovery from a drug or alcohol addiction and if so, for how long? Yes: \_\_\_\_\_, No: \_\_\_\_\_
- 6) Weekly alcohol consumption? Yes: \_\_\_\_\_, No: \_\_\_\_\_
- 7) Non-prescription drug use? Yes: \_\_\_\_\_, No: \_\_\_\_\_

**Write complete answers to the following questions on an additional page:**

Describe your personal practice; specifically asana, pranayama, and meditation.

What does yoga mean to you?

How has your relationship with yoga evolved over time?

Why do you want to be a yoga teacher?

**Emergency Contact information:**

Please provide us with all the information you would want us to pass on to an emergency response person if you were seriously injured or became ill.

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Who should we contact in case of an emergency?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

**Disclosure and Acceptance:**

We will rely on the answers in this application to make an informed decision regarding your participation in our program. Accordingly, I hereby affirm that the above information is to the best of my knowledge true and complete. I understand that providing false information is grounds for rejecting my application, being requested to leave the program, or having my certification revoked. If I am required to leave the program because of a misrepresentation on this application, no tuition will be refunded.

If I leave the program before completion, the following refunds will be returned minus a \$350 processing fee.

- Prior to first weekend 100% minus processing fee
- After first weekend 80% minus the processing fee
- After second weekend 60% minus the processing fee
- After third weekend 40% minus the processing fee
- After fourth weekend - no refunds

I have carefully read the program participation criteria, requirements, and agreements expressed therein. I understand that my failure to meet the criteria will result in my not being certified as a Pranakriya™ Yoga teacher.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send application to:**

Jacci Reynolds  
32 Juego Road  
Santa Fe, NM 87508  
505.603.0803

