



Stress Management Center of Nevada
Yoga Teacher Training & Certification Program
Yoga Alliance 200 & 500 hour Registered Yoga School



Application for Yoga Teacher Training

date _____
last name _____
first name _____
home, work, or cell phone _____
address _____
city _____ state _____ zip _____
e-mail address _____

Please answer the following questions. Use the back of this paper if necessary.

1. How long have you practiced Yoga?
2. Do you have a regular practice? Describe your practice and how often you practice.
3. Are you presently taking classes? What level (Mixed, Intermediate, Advanced)?
4. What style(s) of yoga have you studied?
5. Do you consider yourself to be a Beginning, Intermediate, or Advanced student?
6. Which asanas challenge you the most?
7. Do you have any injuries, disabilities or illnesses that might affect your study and practice of Yoga?
8. Have you had any type of teaching experience, Yoga or otherwise?
9. What about Yoga is most important to you?
10. Which aspects of Yoga are you most interested in? (asanas, meditation, the yoga philosophy, etc.)
11. Which Yoga books have you read or used as guides?
12. Why do you want to become a certified Yoga teacher?
13. Describe any other Body/Mind/Spirit practices with which you have experience.