

Additional questions for our statistical records:

1. Do you teach in any language(s) other than English? Yes No
If yes, please list: _____
2. What techniques do you include in your classes? Asana Pranyama Meditation Chanting Kriyas
 Other (Specify) _____
3. How did you hear about Yoga Alliance®? (Check all that apply)
 Yoga Journal Yoga International Yoga Conference Yoga Workshop Another Yoga Teacher My School
4. Currently teaching (Check One): Part-Time Full-Time Would like to teach (Check One): Part-Time Full-Time
5. In what setting(s) do you teach? (Check all that apply)
 My Own Home Sports Medicine Facility Corporation Hospital/Nursing Home Resort/Hotel Adult Ed Health Club
 Private Sessions Holistic Health Center Yoga Studio University/School Cruise Ship Other _____

ETHICAL STANDARDS AND CONTINUING EDUCATION: Yoga Alliance® expects Registered Yoga Teachers® to live up to the highest ethical standards (see Code of Conduct at www.yogaalliance.org). In addition, we believe that successful Yoga teaching requires continued learning and renewal. We have adopted a Continuing Education (CE) policy requiring a minimum amount of continuing education and teaching experience every three years (see www.yogaalliance.org for the policy effective 1/1/04). Teachers will have three years after their original registration date to complete CE requirements for their first cycle. By signing this application, you represent that you have read the CE requirements and will comply with them when due. Yoga Alliance® retains the right to revise its registry requirements at any time.

LEGAL AGREEMENT: I understand that I am granted by Yoga Alliance® for one year the limited non-exclusive use of a level-specific registration mark and the initials "RYT" (Registered Yoga Teacher) after my name (together referred to as "Registry Mark"), which indicates to the public that I meet the Yoga Alliance® Yoga Teacher Registry minimum standards. Yoga Alliance® retains the right to review my credentials at any time. Yoga Alliance® may revoke my right to use the Registry Mark for cause, including failure to uphold the standards set forth in the Yoga Alliance® Code of Conduct. By my signature below, I represent that I meet the minimum educational and experience requirements of the RYT® level for which I am applying. All information I have provided in connection with this application is true to the best of my knowledge. I hereby agree to meet the conditions set forth above for use of the Registry Mark and to be listed as a RYT®. I understand that falsifying information in connection with this application will result in revocation of these privileges. I agree to meet all conditions imposed by Yoga Alliance® in order to maintain these privileges.

Signature: _____ Date: _____
(If application is emailed, you may insert your electronic signature above, or you may either fax (571-482-3336) or mail the signature/date page(s) to address below.)

Credit card information (MasterCard, Visa, or Discover):

Name of Applicant: _____

Name as it appears on your card: _____

Master Card VISA Discover Card

Card #: _____ Exp. Date: ____/____/____ Credit Card Verification # (CCV): _____
(Located on back of card if applicable)

Billing Address: _____
Street City ST Zip Country (non-US)

Signature: _____ Date: _____

Due to the risks associated with electronically transmitting your credit card information, Yoga Alliance highly recommends that you fax this page containing your credit card information to 571-482-3336. If you choose this option of emailing your application and faxing this sheet only, please check here:

Please mail this application to:

Yoga Alliance® • 1701 Clarendon Boulevard, Suite #110 • Arlington, VA 22209

Or you may fax this application to: 571-482-3336 (only if providing payment by credit card)

Or you may email this application to: info@yogaalliance.org (only if electronic signature is inserted)

info@yogaalliance.org

www.yogaalliance.org

RYT® 500 Teaching Hours Grid

On the grid below, please provide us with your 100 hours of yoga class instruction. This must be included with your application if you are applying for RYT 500 registration.

In the example below, the equation would be (13 x 2 x 1.5 = 39) [13 weeks x 2 classes / wk x 1.5 hours / class = 39 hours]

Name of Location	Dates	# Wks Teaching	# Classes Per Week	Length of Classes	=	Total Hours
GRAND TOTAL:						

Namaste and Thank You for Your Support!

Please mail this application to:
Yoga Alliance® • 1701 Clarendon Boulevard, Suite #110 • Arlington, VA 22209
Or you may fax this application to: 571-482-3336 (only if providing payment by credit card)
Or you may email this application to: info@yogaalliance.org (only if electronic signature is inserted)
info@yogaalliance.org www.yogaalliance.org