

EQUIVALENCY CERTIFICATION APPLICATION FORM

YOGA ASSOCIATION OF ALBERTA
11759 Groat Road, Edmonton AB T5M 3K6

Phone: 780.427.8776; Fax: 780.422.2663; Website: www.yoga.ca; E-mail: cert@yoga.ca

\* Applicants must maintain full YAA membership and be in good standing. \*

\* Applications must be received by one of the following due dates:

March 1st for May Certification, July 1st for September Certification, or November 1st for January Certification. \*

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
Address: \_\_\_\_\_
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Phone Number: (Home) \_\_\_\_\_ (Alternate) \_\_\_\_\_

Please submit this form and the following documentation to the Coordinator at the above address or email:

- Up-to-date YAA Full Membership (\$30/year or \$350 lifetime) – attach cheque or pay online through the website.
Equivalency Certification Fee (\$125) – attach cheque or pay online through the website.
Copy of Certificate(s) from Teacher Training Program (TTP). Minimum of 2 years since start date.
TTP Syllabus or Course Outline with curriculum and required assignments listed, if available.
Equivalency Certification Checklist signed by TTP Lead Trainer or authorized representative.
Letter of Recommendation from TTP Lead Trainer or a Senior Teacher with whom the student has studied or apprenticed. Details outlined on the Equivalency Certification Checklist.
A Character Reference Letter from another yoga teacher or a colleague who has known the applicant for at least two years, that verifies that the applicant’s professional conduct reflects the YAA Code of Ethics and the Guidelines for YAA Certified Teachers based on the Code of Ethics (available on the website).
Copy of CPR Certification (any level).
Equivalency Hours Worksheet - listing all additional classes or workshops in hatha yoga taken after and outside of a formal teacher training program taught by experienced teachers. Please highlight the following:

For Graduates of 200-Hour Teacher Training Programs, these hours must include the following minimum components, if not already included in your Teacher Training Program:

- 3 workshops of at least 10 hours each, led by 3 distinct Senior Teachers besides their lead trainer(s),
10 hours of classes or workshop(s) led by a YAA Senior Teacher or a YAA sponsored Senior Teacher (YAA Teaching Skills Workshop or two YAA Monthly TTP Classes recommended),
10 hours of Special Concerns workshop(s) dealing with how to address the specific needs of individuals and special populations,
10 hours of Meditation workshop(s), and
5 hours of Breath Awareness workshop(s).

For Graduates of 500-Hour Teacher Training Programs, these hours must include the following minimum components, if not already included in your Teacher Training Program:

- 10 hours of classes or workshop(s) led by a YAA Senior Teacher or a YAA sponsored Senior Teacher (YAA Teaching Skills Workshop or two YAA Monthly TTP Classes recommended),

- Employment / Teaching Hours Worksheet listing all teaching/employment hours since certification, if applicable.

If upgrading is required, please follow the same procedures as above with the information available. Once the application has been assessed, the applicant will be contacted for assistance in creating a plan to complete any missing requirements.

The information on this form is used to determine eligibility in YAA programs and may be made available to the Executive, Certification Committee, yoga teachers and staff at the YAA. By signing below, I affirm that the information herein and all documents attached to this application are correct, complete and true to the best of my knowledge. I have read, understood and accept the stipulations of YAA Certification as outlined in the YAA Equivalency Certification Guidelines and will adhere to the YAA Code of Ethics – Guidelines for YAA Certified Teachers (Appendix B). As well, I agree to have my name, phone number, and training program listed in the YAA Teacher Directory which is published in Yoga Bridge and on the YAA website. All other information is kept confidential. The YAA does not sell databases to third parties. I agree to receive commercial electronic emails from the YAA. I also give permission for photographs of myself taken at workshops to be used for publication purposes. Be advised that any applicant may be subject to an audit of submitted documentation at anytime.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

EQUIVALENCY CERTIFICATION CHECKLIST

YOGA ASSOCIATION OF ALBERTA
11759 Groat Road, Edmonton AB T5M 3K6
Phone: 780.427.8776; Fax: 780.422.2663; Website: www.yoga.ca; E-mail: cert@yoga.ca

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

Teacher Training Program and Dates Attended: \_\_\_\_\_

- Please attach a TTP Syllabus or Course Outline for your teacher training program(s) with a description of the curriculum of techniques, methodology and philosophy and any written assignments required, if available.
Or provide a link to a website with the above details: \_\_\_\_\_

To the Lead Trainer of the TTP noted above,

The Yoga Association of Alberta (YAA) is a provincially funded, registered charitable organization that coordinates the work and activities of yoga practitioners and teachers province-wide. The YAA is an umbrella organization founded by dedicated local yoga teachers, governed by an elected Board of volunteers, and works in co-operation with yoga studios and groups practicing all recognized yoga disciplines. It promotes yoga as a holistic system of fitness and health for Albertans, and encourages high standards of yoga teacher training in the province. All yoga teachers in Alberta are encouraged and invited to join the YAA family, a thriving community of mutual inspiration and cooperative peer support. Please consider becoming a YAA member or a YAA Certified Teacher if you are not already involved.

The YAA Equivalency Certification Program has been established to allow for recognition and credentialing of local yoga teachers who have completed yoga teacher training through a diversity of styles, lineages and programs. Each application is assessed individually to ensure a high quality of training, with a standard curriculum of postures and other elements common to most physical styles of yoga. Initial Certification is granted at the 300-Hour Level and advanced training levels are recognized at the 500-Hour, 750-Hour and 1,000-Hour Levels. For more information on our programs or standards please see our website or contact us directly at the address above.

Your student noted above has requested an assessment of their training in order to qualify for YAA Certification. In order to properly assess their background, we would request that you please provide the following information for the above named student and return to the student for submission, or submit directly to the address or email above.

- A breakdown of the hours included in your Teacher Training Program as follows:
\_\_\_ hours of Techniques, Training & Practice, (including approx. \_\_\_ hours on breath work, \_\_\_ hours on meditation)
\_\_\_ hours of Teaching Methodology,
\_\_\_ hours of Anatomy & Physiology,
\_\_\_ hours of Yoga Philosophy and Ethics for Yoga Teachers, and
\_\_\_ hours of Practicum (including \_\_\_ hours of Supervised Teaching).
\_\_\_ hours of Modifications for the Specific Needs of Individuals and Special Populations (if any).
Please also provide a Letter of Reference for the above named student (may be attached or sent directly to cert@yoga.ca). Please include the following information in your letter:
• How might the student’s character and qualities benefit him or her as a yoga teacher? Do they conduct themselves with integrity and follow the yamas and niyamas?
• Any comments or reservations that you think are relevant or might assist us in awarding a certificate.

The information on this form is used to determine eligibility in YAA programs and may be made available to the Executive, Certification Committee, and staff at the YAA. By signing below, I affirm that the information herein and all documents attached to this application are correct, complete and true to the best of my knowledge.

Name of Training School/Program: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Signature: \_\_\_\_\_
(Print Name)



