

TEACHER RECERTIFICATION

- * Applicants must have initial YAA Certification and maintain YAA membership in good standing. *
- * Applications must be received by the applicable deadline (March 1st for May certification, July 1st for September certification, and November 1st for January certification.) *
- * Please be advised that any applicant may be subject to an audit of submitted documentation at anytime. *

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

See Section II of the *YAA Hatha Yoga Teacher Recertification Guidelines* for more details on recertification requirements, advanced training levels and status applications. If you have taught or attended workshops / classes over and above the required hours, please record those hours as well in order that a complete profile of your professional development is in your file. If you do not meet the minimum hourly requirements as outlined below, please see *Section 1.3 - Requests for Extension*.

Please submit this form to the above address or email with the following:

- YAA membership must remain current for Certification to be valid. We highly recommend purchasing 3 years or a lifetime membership** (\$30/year or \$350 lifetime) – attach cheque or pay online through the website.
- Recertification Fee** (\$75) – attach cheque or pay online through the website.
- ONLY** if your YAA Certification has previously expired please also add a **Reinstatement fee** (\$50).
- ONLY** if you are applying for an extension please submit request with details and also add an **Extension fee** (\$25/year).
- Record of a **MINIMUM TOTAL OF 240 HOURS** of hatha yoga (see Appendix A for definition of hatha yoga) professional development **within each three-year period** in the following categories:
 - A minimum of 90 HOURS ATTENDING** hatha yoga classes and/or workshops (use the *Class/Workshop Attendance Hours Worksheet*). Classes and workshops must be taught by YAA Intermediate or Senior Teachers (or equivalent) for credit towards Advanced Training Levels. Online classes or webinars are considered acceptable **only if** there is an interactive component between the teacher and participants, where participants ask questions, receive feedback from the teacher, etc.
 - *Approved Senior Teachers ONLY: If your class attendance hours total between 50-90, please submit a short report** detailing your additional **hours of self-study practices, related readings, etc**, in your area of focus within the field of yoga.
 - A minimum of 50 HOURS TEACHING** hatha yoga classes and/or workshops (use the *Employment Teaching Hours Worksheet*).
 - The remaining **minimum of 100 HOURS** may be **EITHER ATTENDING OR TEACHING** hatha yoga classes and/or workshops.

Please summarize from attached forms:

_____ HOURS ATTENDING * Report may be required from Senior Teachers
 + _____ HOURS TEACHING
 = _____ **HOURS REPORTED**

The information on this form is used to determine eligibility in YAA programs. By signing below, I affirm that all the documents attached to this certification application are correct, complete and fully disclose my yoga activities. I agree to have my name, phone number, teaching location and training, e-mail and/or website added to the YAA Directory in the *Yoga Bridge* and on the YAA Website. I also agree to receive commercial electronic emails from the YAA. All other information is kept confidential. The YAA does not sell databases to third parties. I also hereby agree to adhere to the YAA Code of Ethics and Guidelines for YAA Certified Teachers.

Applicant Signature: _____ Date: _____

**Yoga Association of Alberta
Class / Workshop Attendance Hours**

Name: _____

Date: _____

<i>Date(s) (Classes may be grouped by term)</i>	<i>Title & Description of Workshop or Classes</i>	<i>Class Location / Studio</i>	<i>Instructor (First and Surname)</i>	<i>Total Hours of Workshop or Classes</i>	<i>Estimate % of class time spent on asana training</i>
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			Total Hours	0	For Information Only

Use as many pages as necessary.
Also available as Excel file on www.yoga.ca

Yoga Association of Alberta Employment / Teaching Hours

Name: _____

Date: _____

<i>Date(s) (Classes may be grouped by term)</i>	<i>Title & Description of Workshop or Classes</i>	<i>Class Location / Studio</i>	<i>Employer Name & Phone Number</i>	<i>Total Hours of Workshop or Classes</i>
Total Hours			0	

Use as many pages as necessary.
Also available as Excel file on www.yoga.ca