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

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

## **TEACHER RECERTIFICATION**

\* Applicants must have initial YAA Certification and maintain YAA membership in good standing. \*

\* Applications must be received by the applicable deadline (March 1<sup>st</sup> for May certification, July 1<sup>st</sup> for September certification, and November 1<sup>st</sup> for January certification.) \*

\* Please be advised that any applicant may be subject to an audit of submitted documentation at anytime. \*

Name:		E-mail Address:			
Addres	ss:				
City/Pr	ovince:	Postal Code:			
Phone Number: (Home)		(Alternate)			
advance require file. If y	ed training levels and status applications. If you dhours, please record those hours as well in o you do not meet the minimum hourly requiren	ication Guidelines for more details on recertification requirements, un have taught or attended workshops / classes over and above the rder that a complete profile of your professional development is in you nents as outlined below, please see Section 1.3 - Requests for Extension.			
Please	submit this form to the above address or ema				
		ertification to be valid. We highly recommend purchasing 3 years or a time) – attach cheque or pay online through the website.	3		
	Recertification Fee (\$100) – attach cheque o				
	Record of a <b>MINIMUM TOTAL OF 240 HOURS</b> of hatha yoga (see Appendix A for definition of hatha yoga) professional development <b>within each three-year period</b> in the following categories:				
	Hours Worksheet). Classes and worksho for credit towards Advanced Training Lean interactive component between the feedback from the teacher, etc. *Approximation **Approximation**	atha yoga classes and/or workshops (use the <i>Class/Workshop Attendar</i> ps must be taught by YAA Intermediate or Senior Teachers (or equivalents). Online classes or webinars are considered acceptable only if there teacher and participants, where participants ask questions, receive oved Senior Teachers ONLY: If your class attendance hours total between iling your hours of self-study practices, related readings, etc.	nt) e is		
	A minimum of 50 HOURS TEACHING hat	ha yoga classes and/or workshops (use the Teaching Hours Worksheet)	).		
	The remaining minimum of 100 HOURS workshops.	may be <b>EITHER ATTENDING OR TEACHING</b> hatha yoga classes and/or			
PLEASE	SUMMARIZE FROM ATTACHED FORMS:	HOURS ATTENDING (90 minimum)  + HOURS TEACHING (50 minimum)  TOTAL HOURS REPORTED (240 minimum)			
	with hours since last submission, including 10	Certification has previously expired. Include Recertification Worksheet D hours of recent classes or workshops with YAA Senior Teachers if ear. Includes Recertification fee (valid for 3 years).	3		
	<b>Extension fee</b> (\$50/1 Year OR \$150/3 Year) ONLY if you do not meet Recertification requirements - please submit request with worksheets filled with hours accumulated plus email <a href="mailto:cert@yoga.ca">cert@yoga.ca</a> detailing your circumstances and your plan for obtaining your missing requirements, including the expected time frame.				
applicatio	on are correct, complete and fully disclose my yoga activiti	programs. By signing below, I affirm that all the documents attached to this certification es. I also hereby agree to adhere to the YAA Code of Ethics and Guidelines for YAA Certifn the YAA. The YAA does not sell databases to third parties.			
Teachers.	. Taiso agree to receive commercial electronic emails from				

## Yoga Association of Alberta Class / Workshop Attendance Hours

Name:	Date:	

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

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

## Yoga Association of Alberta Employment / Teaching Hours

Name: Date:	

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

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