

YOGA ASSOCIATION OF ALBERTA

REQUIRED DOCUMENTATION FOR YAA TEACHER TRAINING PROGRAM

- YAA Hatha Yoga Teacher Training Application Form with fee payment (**Appendix F-1**),
- Letter of Recommendation / introduction from a yoga teacher with evidence of at least 2 years of recent formal classes in **hatha yoga**. This letter should state that the applicant is familiar with the Level I syllabus of asanas (see Appendix C) and is ready and suitable to enter into a yoga teacher training program. A rural applicant without two years of hatha yoga training, must submit a letter proposing how he / she could upgrade to the 2-year requirement (e.g. weekend workshops, a week of classes in major centre / month, etc.),
- Senior Teacher Letter of Agreement within 4 months of acceptance into the program (**Appendix F-2**),
- Intermediate Teacher Letter of Agreement, if applicable – use this form only if you have an Intermediate Teacher as well as a Senior Teacher (**Appendix F-3**).

YOGA ASSOCIATION OF ALBERTA
11759 Groat Road, Edmonton AB T5M 3K6
Phone: 780.427.8776; Fax: 780.422.2663; email: vaa@voga.ca

YAA HATHA YOGA TEACHER TRAINING PROGRAM APPLICATION FORM

NAME: _____ AGE: _____
ADDRESS: _____ CITY/PROV.: _____ PC: _____
PHONE: (H) _____ (W) _____ E-mail: _____
PRESENT OCCUPATION: _____

Please submit to the above address:

- **\$125 TTP Registration Fee**
- **YAA full membership fee (\$25.00) with completed and signed membership form and waiver**
- **Letter of recommendation / introduction from a yoga teacher with whom you have taken classes (see checklist for details)**
- **Completed and signed Teacher Training Application Form (use back if insufficient space)**

In order to qualify for the YAA Hatha Yoga Teacher Training Program, applicant must be at least 18 years old, be a full member of the YAA, and provide evidence of at least 2 years recent formal classes in hatha yoga.

1. For how many years have you practiced Yoga? _____ years.
1. List your yoga instructors. Include a recommendation from one teacher with his/her phone number.

2. Are you presently teaching Yoga? If you are, how long have you been teaching and how often do you teach?

4. What aspects of Yoga most interest you or are part of your practice?

5. Why do you want to take the YAA Hatha Yoga Teacher Training Program?

6. What do you expect to learn?

7. Do you currently have the time to complete all the requirements of this program? Yes / No
8. Do you currently have the finances available to fund your program? Yes / No
9. Is there a history of physical or mental conditions that will affect your participation in this program? Please describe using the back of this sheet.

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**YAA CERTIFIED SENIOR TEACHER
LETTER OF AGREEMENT**

To: YAA Hatha Yoga Teacher Training and Certification Committee
Yoga Association of Alberta
11759 Groat Road
Edmonton, Alberta T5M 3K6
Ph: (780) 427-8776
Fax: (780) 427-0524

Re: Senior Teacher for _____
YAA TTP Student

To Whom It May Concern:

I hereby agree to be YAA Certified Senior Teacher for the above-named student. I am familiar with the *YAA Hatha Yoga Teacher Training Syllabus and Guidelines and Hatha Yoga Teacher Certification Requirements and Guidelines*. I agree to take the responsibility of having the above-named student apprentice with me for the duration of his / her registration within the YAA Hatha Yoga Teacher Training Program.

Sincerely,

Senior Teacher Signature

Senior Teacher (Print Name)

Address: _____

Phone Number: _____

Date: _____

(Please return this letter to Yoga Association office.)

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11759 Groat Road, Edmonton AB T5M 3K6
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**YAA CERTIFIED INTERMEDIATE TEACHER
LETTER OF AGREEMENT**

To: YAA Hatha Yoga Teacher Training and Certification Committee
Yoga Association of Alberta
11759 Groat Road
Edmonton, Alberta T5M 3K6
Ph: (780) 427-8776
FAX: (780) 427-0524

Re: Intermediate Teacher for _____
YAA TTP Student

To Whom It May Concern:

I hereby agree to be Intermediate teacher for the above-named student. I am familiar with the *YAA Hatha Yoga Teacher Training Syllabus and Guidelines and Hatha Yoga Teacher Certification Requirements and Guidelines*. I agree to take the responsibility of having the above-named student in my weekly hatha yoga classes and to work with his / her YAA Certified Senior Teacher.

Sincerely,

Intermediate Teacher Signature

Intermediate Teacher (Print Name)

Address: _____

Phone Number: _____

Date: _____

(Please return this letter to Yoga Association office.)