YAA HATHA YOGA TEACHER TRAINING SUMMARY OF HOURS

Student's Name: ____ Entry Date Into Program: ______________________________

Years of previous experience: _____________________________ Senior Teacher's Signature (approving detailed, accurate documentation of hours): ____________________________________

Date	***Description of Workshops, Retreats or Weekly Classes***	***Instructor First and Surname***	***Weekly Hatha Yoga Classes with Senior Teacher (hours)***	***Hatha Yoga Workshops/ Retreats (hours)***	***Mandatory classes (# of hours)***					
1	**2** **Use multiple lines as needed.**	**3**	**4**	**5**	**6** Anatomy & Physiology	**7** Philosophy & Psychology	**8** Breath Awareness	**9** Meditation	**10** Special Needs & Therapeutic Application	**11** Apprenticeship
	This spreadsheet can be downloaded from http://www.yoga.ca/beateacher.htm									

				0	0	0	0	0	0	0
			100 hours	100 hours	10 hours	15 hours	15 hours	10 hours	10 hours	40 hours