YOGA ASSOCIATION OF ALBERTA
HATHA YOGA TEACHER TRAINING SUMMARY OF HOURS

Student's Name: _____ Years of Experience Prior to Entry into Teacher Training Program: _____

Entry Date Into Teacher Training Program: _____ Senior Teacher's Signature (approving detailed, accurate documentation of hours): _____

Date	*Title & Description of Workshop or Class*	*Instructor First and Surname*	*Weekly Hatha Yoga Classes with Senior or Training Teacher (# of hours)*	*Hatha Yoga Workshops & Retreats (# of hours)*	*Mandatory Classes (# of hours)*					
1	**2**	**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