

## Body Balance Yoga® Therapeutic Certification Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone :(H) \_\_\_\_\_  
(w) \_\_\_\_\_ (c) \_\_\_\_\_

1. Have you ever taken the Therapy training with Jenny Otto? If so, when?
2. How long have you been practicing/teaching yoga/training? Please present a timeline of your experience. Use the back of this form if necessary

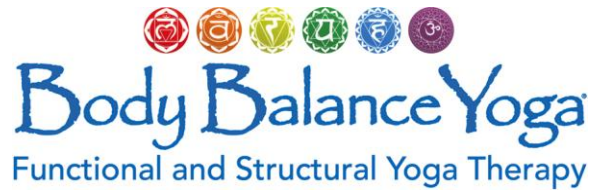
3. When and where did you complete your

RYT200 \_\_\_\_\_

RYT 500 \_\_\_\_\_

Please submit a copy of your Yoga Alliance cards.

4. How often do you practice?
5. Do you have a sitting meditation practice? How long have you been practicing meditation?



6. What other training outside of yoga do you have that may help you with students?
  
  
  
  
  
  
  
  
  
  
7. Are you currently working with special populations or working with students therapeutically?
  
  
  
  
  
  
  
  
  
  
8. Do you have any injuries or medical conditions?
  
  
  
  
  
  
  
  
  
  
9. Have you attended other yoga training workshops/courses? If so, when and with whom?
  
  
  
  
  
  
  
  
  
  
10. Why do you want to be certified with this program?