

**Yoga Teacher Training  
Destination Within  
Application**

Thank you for your interest in the Blue Lotus Healing Arts Center 200 Hour Yoga Teacher Training Certification Program. We rely on the information provided in this application to make informed decisions about your capacity to fully participate in, benefit from, and successfully complete all aspects of the program. Please answer the questions honestly and completely. Providing inaccurate or incomplete information may result in non-acceptance or removal from the program.

**Application Process**

1. Review information on program dates, costs, and general information on our website <http://bluelotushealingartscenter.com/yoga-teacher-training/>
2. Complete the attached program application in its entirety
3. You may email your completed application to [shiva@bluelotushealingartscenter.com](mailto:shiva@bluelotushealingartscenter.com), or mail to 2810A Sudderth Drive, Ruidoso, NM 88345
4. Please include a deposit of \$200 to secure your enrollment. This is non-refundable and represents your commitment to attend. It goes towards your total tuition cost of \$2499 + tax.

**Admissions Criteria**

1. You must be at least 18 years of age and demonstrate English-language competency
2. In this training you will be expected to participate in at least three hours of yoga practice each day while in session, as well as a training curriculum. At minimum, it is requested that applicants have been practicing yoga on a regular basis for at least two years.

**Date of Application:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Alternate #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Emergency Contact**

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

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

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**How did you hear about the Yoga Teacher Training?**

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**Yoga Experience** – Please note that you will not be penalized or rejected due to low yoga experience. We need to know with accuracy your experience and practice level so we can tailor the training to you, so please be honest. You may be asked to complete a prerequisite training such as an online webinar to familiarize yourself with the practice.

How long have you been practicing yoga? \_\_\_\_\_

Within the past year, how many times, on average, do you practice per week? \_\_\_\_\_

What style(s) of yoga do you practice? \_\_\_\_\_

### **Education**

Have you received a high school diploma or GED? \_\_\_\_\_

Have you attended college? If so, how many years? \_\_\_\_\_

Please list schools attended, dates, and degrees obtained:

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Please list any body-centered trainings you have completed (e.g. massage therapy, Pilates, dance):

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### **Work**

Current Occupation: \_\_\_\_\_ Number of years \_\_\_\_\_

Previous Occupation: \_\_\_\_\_ Number of years \_\_\_\_\_

Any other occupation information you wish to provide? \_\_\_\_\_

### **Language**

Are you fluent in English? Y/N

### **PERSONAL QUESTIONS**

Please note that for all of the following questions, no answer will automatically disqualify you for the training. We are instead trying to gain an understanding of classroom dynamics and the challenges and strengths that our students will have and bring to the table. Please answer honestly and completely. *Your answers are confidential and will be shared ONLY with the teaching team.*

### **Criminal Background**

Have you ever been convicted of, or incarcerated for a felony? If so please explain.

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## Health Information

Please check any of the following conditions that apply to you, and explain in the space provided below or on a separate sheet of paper.

- Under medical treatment for any physical condition
- Currently pregnant or trying to get pregnant
- Chronic pain, physical limitations, or disabilities
- Serious illness or major surgery within the last 5 years
- Communicable disease
- Under medical treatment for any psychiatric condition
- Hospitalized for psychiatric condition at any time
- In recovery from an addiction
- Environmental or food allergies
- Respiratory conditions
- Heart conditions
- Seizures or strokes
- Chemical sensitivities
- Diabetes
- High blood pressure

If you checked any of the above questions, or if you have any other health condition that could impact your full participation in the program, please describe fully (if you need more space, feel free to use an additional sheet of paper).

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Are you taking any medication at this time? Please explain.

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## Short Answer

Use additional paper as necessary. Please answer the following questions regarding your relationship with yoga.

1. Are you taking this training so that you can teach yoga, or to enhance your personal practice or for another reason? If it is to teach, why do you want to teach yoga?

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