



OPTIMAL STATE 865 CERTIFIED YOGA THERAPIST TRAINING PROGRAM APPLICATION

*Thank you for your consideration of our upcoming Optimal State Training Program. We look forward to receiving your application. Boost your health, relationship and life into the *next level* of personal and professional *well-being*. Create your *Optimal State* of Living today.*

INSTRUCTIONS: You can complete this application on your computer. Please complete all of the questions below, then print and email. Once we receive your application we will invoice you the \$50 application fee. The application fee is payable through Paypal before the review process will begin.

Complete and email to: jacqui@theoptimalstate.com

All information will be kept confidential. If you have not participated in a program with Optimal State or Amy Wheeler before, please include a letter of recommendation with this application.

Upon receipt of your application materials, we will respond with an email confirmation within 3 days. If you do not receive an email please contact us directly. Contact us without hesitation at jacqui@theoptimalstate.com.

I AM A REGISTERED 200-HOUR YOGA TEACHER OR EQUIVALENT

I HAVE BEEN PRACTICING AND TEACHING YOGA FOR AT LEAST ONE YEAR

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Gender:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Email: _____ **Website:** _____

Home Phone: _____ **Mobile** _____

Highest Degree: _____ **Phone:** _____

Occupation: _____

How did you hear about this program?

1. **What is your background in, and experience with, yoga?** For example, what first brought you to yoga? When? How has yoga influenced / impacted your life? Please give specific examples.

2. **Have you completed a 200-hour, 300-hour or 500-hour Yoga Teacher Training?** Which one, when and with whom?

3. **Why have you chosen to apply for the 865 Yoga Therapy Program?**

4. **What do you hope to gain during and upon completion of this program?** Both personally and professionally?

5. **Do you teach yoga?** Please tell us about your teaching experience, include the type of classes taught, populations worked with, any private teaching, etc.

6. **Describe what you do for your personal daily practice.** Please discuss how you will achieve completing a daily personal practice during this training program.

7. **Do you have a primary teacher with whom you work individually?** If so, who? How frequently? When did you start working with him/her? Please describe your experience in this area. If not, what are your feelings about working with a primary teacher? Please describe mentor experiences you've had in other areas of your life.

- 8. Are you open to undergoing the process of self awareness for yourself?** As a Yoga Therapist it is crucial to develop emotional strength and clarity. What kind of support is available to you to help you nourish and develop these skills?
- 9. Do you practice any other healing modality apart from yoga?** If so, please tell us about your involvement in this area. How would completing this Training complement your other healing interests and practices?
- 10. Do you have, or have you suffered from, any major mental or physical health problems?** Please list them and let us know what treatment(s) you are/were undergoing for the same.
- 11. How will your resources of time, money, energy and emotional support help you to complete this training?** How will you be able to manage your family and other commitments?

I declare that I have carefully read the Program Overview and the Application Form, and I am in agreement with the general rules, policies and ethical guidelines of the same. I understand and accept that at times it may be necessary to change or modify any of the policies of the 865 Yoga Therapy Program with fair notification, before, during or after the Training.

I declare that all of the information provided in this application is true and accurate at the time of application. I understand that my information will be kept confidential. I agree that I will accept Optimal State's decision in accepting or rejecting my application.

I understand that checking this box constitutes a legal signature confirming that I acknowledge the truthfulness of the information provided in this application.

I am aware that I will be invoiced for the \$50 application fee prior to my application being reviewed.

If this is my first program with Optimal State or Amy Wheeler I am including a letter of recommendation (or having one sent on my behalf) to jacqui@theoptimalstate.com.

Name (printed): _____

Date: _____