

## Body Balance Yoga® Therapeutic Certification Application

Name:

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Address:

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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?

