



TEACHER TRAINING
and AYURVEDA INSTITUTE

URBAN
ZEN

INTEGRATIVE THERAPY
PROGRAM

2016 APPLICATION

Accelerated Urban Zen Integrative Therapy Training Program

Starting September 7, 2016

Rolling Admissions Final application date August 7, 2016
Notification within 10 days of receipt of application

Date: _____

PERSONAL/CONTACT INFORMATION:

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

E-mail address: _____

Best time and way to reach you: _____

Gender: _____ Age: _____ Single/Married/Children? _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Phone: _____ Alt Phone: _____

Applicant Name _____

INTEREST IN & GOALS FOR THIS PROGRAM:

If additional space is needed, please feel free to use a separate sheet of paper.

1. How did you hear about the Urban Zen Integrative Therapy training program?

2. Please describe your interest in becoming an Urban Zen Integrative Therapist.

YOGA EXPERIENCE:

3. Please provide a general overview of your yoga experience, if any. How long have you been practicing yoga? What styles have you practiced, and what style do you currently study?

4. Have you completed a teacher training program? Are you a “Registered Yoga Teacher” with Yoga Alliance?

5. Do you currently teach yoga? If so, for how long have you been teaching and where? Do you have liability insurance? If you do not currently teach yoga, do you plan to teach yoga in the future?

6. Do you have a daily asana, pranayama, meditation practice? Please provide details.

7. How is your yoga practice enabling you to serve?

OTHER (NON-YOGA) EXPERIENCE:

8. Please describe your educational background (degrees, institutions, locations, and dates), from high school to college and beyond.

9. Do you have any credentials in medical fields (e.g., MD, RN, LMT, PT, MSW, etc.)? Please provide details on licensure and liability insurance.

10. Do you have First Aid/CPR certification?

11. What other related disciplines do you study/practice? Do you have experience with any of the other “integrative therapies,” i.e., massage/healing touch, aromatherapy, or nutrition?

12. Do you have any volunteer or community service experience that is relevant? Please describe.

EXPERIENCE WORKING WITH PATIENTS AND ILLNESS:

13. Do you have experience working in the hospital setting or allied health care settings? Please provide specific details.

14. Do you have experience working with specific conditions, illnesses, or injuries? Please describe.

15. Have you had the experience of being a care provider for a family member or a friend? Please describe.

16. Have you had personal experience with an illness or an injury? Please describe.

17. Do you have any experience with death and dying? Grief, loss, and bereavement?

18. Tell us how you feel about working with, for example, medical and surgical oncology patients. Are you comfortable working with patients who might be physically disfigured or are assisted by breathing tubes and drains?

19. What are your goals/expectations for working with patients in the hospital setting?

EXPERIENCE WORKING IN SCHOOLS:

Applicant Name_____

20. If you are interested in using Urban Zen Integrative Therapy in the schools please tell us about your experience and interest.

GENERAL QUESTIONS:

21. Describe any limitations or challenges that you face, physical or otherwise.

22. Please provide any additional information that you would like to share.

23. Are you aware of the time commitment required to be successful in this program?

- 12 days of in-person trainings in Columbus, Ohio
- 8-10 hours per week of homework, including daily practices and reading.
- 18 UZ practice sessions with family and friends (45-60 minutes each)
- 50 hours (at least) at clinical site
- 3-day Yoga on High silent retreat

24. Are you aware of the technology requirements to participate in this program? Note: Before the start of the program we will have a technology support call for those enrolled in the program.

- Access to computer/internet for online training platform connection
- Use of scanner to submit .pdf files of written homework
- Ability to digitally audio record and submit recorded audio homework as .mp3 or .m4a
- Out of town trainees – ability to video record and submit as .wmv or .mov for final certification

Please submit your completed application with head shot and \$35 application fee to Yoga on High via e-mail, fax, or regular mail:

fax: 614-291-9552

e-mail: applications@yogaonhigh.com

mail: UZIT Training, c/o Yoga on High, 1081 N High St. Columbus, OH 43201

Applicant Name _____