



**Application for 2020-21 TCTSY Certification Program (300-Hour)**

Preferred Name (First & Last/Surname): \_\_\_\_\_

Gender (optional):

Male \_\_\_ Female \_\_\_ Non-Binary \_\_\_ Other \_\_\_ Prefer not to answer \_\_\_

Preferred Pronoun (optional – please answer if it's useful to you):

\_\_\_\_\_

Street Address or P.O. Box Number: \_\_\_\_\_

City/Township: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Best Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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**Please indicate prior TCTSY training (please note that prior training is required):**

20-hour training \_\_\_ Year \_\_\_ Location \_\_\_\_\_ Trainer \_\_\_\_\_

40-hour training \_\_\_ Year \_\_\_ Location \_\_\_\_\_ Trainer \_\_\_\_\_

4.5-hour online training \_\_\_ Year \_\_\_

Other: \_\_\_\_\_

**Preferred location for attending Opening Weekend, September 12 & 13, 2020:**

Boston, USA: \_\_\_ Berlin, Germany: \_\_\_ Melbourne, Australia: \_\_\_

Latinx Online: \_\_\_



**Preferred language:**

Danish: \_\_\_\_ Dutch: \_\_\_\_ English: \_\_\_\_ German: \_\_\_\_ Spanish: \_\_\_\_

**Please list any adaptations needed to support your learning:**

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**I am applying to the TCTSY Certification Program as a:**

Yoga Teacher: \_\_\_\_ Mental Health Professional\*: \_\_\_\_ Both: \_\_\_\_ Other\*\*: \_\_\_\_

\*if a mental health care professional please indicate type (i.e. LMHC, LCSW, PhD, OT, RN, etc.):

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\*\* If "Other", please briefly describe: \_\_\_\_\_

*Mental Health Professionals please skip to Question #4*

*Other candidates please skip to Question #5*

1. IF A YOGA TEACHER, briefly describe your yoga teacher training:

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Number of hours: \_\_\_\_\_ Year certified: \_\_\_\_\_

2. IF A YOGA TEACHER, briefly list any additional training you have had related to yoga and/or trauma:

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3. IF A YOGA TEACHER, briefly describe your yoga teaching experience:

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Currently teaching: \_\_\_\_\_ Number of years you have taught: \_\_\_\_\_

Settings (i.e. Studio, Community Location, Medical Facility, etc.):

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4. IF YOU ARE A MENTAL HEALTH CARE PROFESSIONAL, briefly describe your training, including any trauma-specific components:

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5. FOR OTHERS WORKING WITH INDIVIDUALS/COMMUNITIES WHO HAVE EXPERIENCED TRAUMA, briefly describe your work/community. Include any trauma-specific training you have completed:

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6. FOR ALL APPLICANTS, please let us know why you would like to be a certified TCTSY-Facilitator and how you envision using your TCTSY certification:

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7. FOR ALL APPLICANTS, are you aware of any personal or professional challenges that might impact your ability to complete this program by March of 2021?

Yes (please describe): \_\_\_\_\_

No: \_\_\_\_\_

OPTIONAL, is there anything else that you would like us to know about you?

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DISCLAIMER: I understand that upon successful completion of the TCTSY certification program I will be empowered to facilitate TCTSY within my scope of practice as a yoga teacher or mental health care professional and that I am NOT becoming a trainer in the model (check one):

YES \_\_\_\_\_ NO \_\_\_\_\_

\*Please include a copy of your CV/Resume with your completed application and email to:

[dwadsworth@jri.org](mailto:dwadsworth@jri.org)



Are you applying for the Diversity, Equity and Inclusion Scholarship?

YES\* \_\_\_\_\_ Please include application addendum, and two letters of recommendation. Please note that scholarship application materials must be received by **March 15, 2020**

NO \_\_\_\_\_

\*If you answered YES above, is your participation in the certification program contingent upon receiving this scholarship?

YES \_\_\_\_\_

NO \_\_\_\_\_