

Yoga Rx Therapy™ Certificate Program Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Male Female

Social Security Number (for registration purposes): _____ - _____ - _____

Email Address: _____

Home Phone: _____

Work Phone: _____

In addition to this form, please provide:

- ◆ three letters of recommendations, one each from:
 - ◆ a health professional
 - ◆ a yoga teacher
 - ◆ a personal contact
- ◆ documentation (or an explanation) for at least 200 hours of yoga teacher training & workshop experience.
- ◆ one page explaining your yoga background and goals for this program.

Please mail completed form and additional materials to:

Coordinator, Yoga Philosophy Program
LMU Extension
LOYOLA MARYMOUNT UNIVERSITY
One LMU Drive, Suite 1840
Los Angeles, CA 90045-2659

Please email yoga@lmu.edu with any questions regarding the program or application process.