



EXPERIENCED REGISTERED YOGA TEACHER (E-RYTSM) APPLICATION

Please check appropriate box:

I am currently a RYTSM (or eligible to be one) and wish to register as an E-RYTSM. (Note: You may register individually at the same time that an application for the Registered Yoga School (RYSSM) at which you train teachers is submitted; please pay separately).

Complete all relevant sections, sign the legal agreement, and pay the appropriate application fee (and initial registration fee, if you are not currently registered as a RYTSM).

I am a RYSSM applicant's Director of Teacher Training and/or primary faculty member completing this E-RYTSM application only to demonstrate that I am equivalent to an E-RYTSM. I do not wish to register individually as an E-RYTSM.

A separate E-RYTSM application form is needed for each individual demonstrating E-RYTSM equivalency. These individuals do not need to sign the legal agreement or pay the registration fee. For this option, all E-RYTSM forms must be included with the RYSSM application package, and the RYSSM applicant must pay the applicable processing fee(s) along with its RYSSM application fee.

School (RYSSM applicant) Name _____

*If questions about any part of this application please contact:
877-964-2255 (toll free) _ 301-868-4700 (MD Line)
info@yogaalliance.org*

Applying (or demonstrating equivalency) for E-RYTSM 200 E-RYTSM 500 (see page 3)

NAME: FIRST _____ LAST _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ COUNTRY (OTHER THAN US) _____

EMAIL: _____ WEBSITE: _____

TELEPHONE: HOME () _____ WORK () _____ OTHER () _____

Please complete appropriate section and grid(s) below and on pages following. Note that relevant teaching experience must be yoga-specific classes rather than teaching of related disciplines or traditions.

Experienced Registered Yoga Teacher 200 (E-RYTSM 200):

All of the following requirements must be satisfied and documented as indicated. "RYTSM" means registered as a RYTSM with Yoga AllianceSM, or equivalent.

RYTSM 200 If registered with Yoga AllianceSM, provide registration number: _____; date of initial registration _____; and date of certificate if graduate of a RYSSM _____.

If not registered but equivalent, either:

- 1) State date on which you were certified by a Yoga AllianceSM 200-hour registered school _____, and submit copy of certificate, OR

LEGAL AGREEMENT: I understand that, upon approval, Yoga AllianceSM grants me the limited non-exclusive use of a level-specific registration mark and the initials "E-RYTSM" (Experienced Registered Yoga Teacher) after my name (together referred to as "Registry Mark") for one year, which indicates to the public that I meet the Yoga Alliance Experienced Yoga Teacher Registry minimum standards. Yoga AllianceSM retains the right to review my credentials at any time. Yoga AllianceSM may revoke my right to use the Registry Mark for cause, including failure to uphold the standards set forth in the Yoga Alliance Code of Conduct.

By my signature below, I represent that I meet the minimum educational and experience requirements of the E-RYTSM level for which I am applying. All information I have provided in connection with this application is true to the best of my knowledge. I hereby agree to meet the conditions set forth above for use of the Registry Mark and to be listed as an E-RYTSM. I understand that falsifying information in connection with this application will result in revocation of these privileges. I agree to meet all conditions imposed by Yoga AllianceSM in order to maintain these privileges.

Signature _____ Date _____

Experienced Registered Yoga Teacher 500 (E-RYTSM 500)

Check here if you are a RYTSM 500 with Yoga AllianceSM through grandparenting (documenting 5,000 hours of yoga teaching experience that occurred before 12/31/02), provide registration number: _____ and date of initial registration _____.

Your application is complete. Sign the legal agreement above, and read the Information about Renewal of Registration on page 6. You do not have to pay a processing fee.

If you are *not* a RYTSM 500 through grandparenting, you must satisfy and document all of the following requirements as indicated. "RYTSM" means registered as a RYTSM with Yoga AllianceSM, or equivalent.

RYTSM 500 If registered with Yoga AllianceSM, provide registration number: _____; date of initial registration _____; and date of certificate if graduate of a RYSSM _____.

If not registered but equivalent, complete both questions below:

1) State date on which you were certified by a Yoga AllianceSM 200-hour registered school _____, and submit copy of certificate; OR state date became equivalent to RYTSM 200 _____, and submit résumé, relevant certificates, and other materials and information to document that you have equivalent training; AND

2) State date on which you were certified by a Yoga AllianceSM 500-hour registered school _____, and submit copy of certificate; OR state date became equivalent to RYTSM 500 _____, and submit résumé, relevant certificates, and other materials and information to document that you have equivalent training.

Have taught yoga since _____ (for a minimum of four (4) years since becoming a RYTSM);

Have taught yoga a minimum of 2,000 hours since becoming a RYTSM; and

At least 500 of the above hours were taught since becoming a RYTSM 500.

This completes the information required of E-RYTSM 500 applicants (other than RYTSMs 500 through grandparenting). Please sign the legal agreement on page 3 and submit this application along with the appropriate fee(s) (see page 6).

Fees enclosed (or credit card information provided below):

All personal checks are processed upon receipt; credit cards will be charged for application fee immediately; for initial registration fee (if applicable) upon approval. **All fees listed are US Dollars.**

Application Fees – One-time non-refundable fee; all applicants (other than RYTSMs 500 through grandparenting) must pay

- \$ 95.00 Fee for new E-RYTSM 200 or 500 in US, Canada or Mexico (North America)
- \$145.00 Fee outside North America

If not previously registered with Yoga AllianceSM as a RYTSM, pay initial registration fee in addition to application processing fee above.

Initial Registration and Annual Renewal Fees – Pay only if not previously registered with Yoga AllianceSM as RYTSM

- \$75.00 Fee in North America (covering the annual period from the date your application is approved)
- \$100.00 Fee outside North America

ATTENTION NON-US RESIDENTS: Payment must be either by credit card (see below), or by international money order or check meeting the following three criteria: 1) Payable in US dollars; 2) Payable through a US bank; and 3) Bearing a 9-digit routing number (your bank can help you with this).

Information about Renewal of Registration

If previously registered with Yoga AllianceSM as a RYTSM, your E-RYTSM designation will be added as of the date this E-RYTSM application is approved. Your original RYTSM renewal date will remain your annual renewal date for both registrations.

If not previously registered with Yoga AllianceSM as a RYTSM, your annual renewal date will be the date this E-RYTSM application is approved.

On your next annual renewal date, you may renew your E-RYTSM for one year for the annual renewal fee listed above, which will include your RYTSM registration. In the future, renewal will be contingent on completing continuing education requirements. (Beginning with your 2007 renewal date if you were registered as a RYTSM on January 1, 2004, or beginning three years from date of initial registration if after January 1, 2004). You may always choose to renew your RYTSM registration alone rather than your all-inclusive E-RYTSM registration. Beginning in 2006, RYTSM annual registration fees will be \$55 North America; \$85 International. All fees are subject to change.

Credit card information (MasterCard, Visa, or Discover) - Credit card will be charged for processing fee immediately; for initial registration fee upon approval.

Name as it appears on your card: _____

Master Card, VISA, or Discover (circle one) # _____

CCV # (last 3 digits above signature block on back of card) _____ Exp. Date ____/____/____

BILLING ADDRESS: STREET _____

CITY _____ STATE _____ ZIP _____ COUNTRY (non-US) _____

Signature: _____ Date ____/____/____

***Please mail or fax this application and all required documentation to:
Yoga AllianceSM
7801 Old Branch Avenue, Suite 400 _ P.O. Box 369 _ Clinton, MD 20735
Fax (only if providing payment by credit card): 301-868-7909
No E-Mailed applications accepted unless required signatures are scanned.***