



## International Kundalini Yoga Therapy Professional Training Application



Due to COVID mandates, all courses are Online through December 31, 2021

Legal Name _____	Spiritual Name _____	
Date of Birth _____		
Mailing Address:		
Street _____	Apt # _____	City _____
State _____	Zip/Postal Code _____	Country _____
Phone Number(s):		
Cell _____	Daytime _____	
Email _____		

### Total Tuition:

Total Tuition for the complete 1,120 hour International Kundalini Yoga Therapy Professional Training is as follows: For applications received January 1, 2020 – December 31, 2021 tuition is \$29,000 (USD) or 24.480 €.

Training starts at each quarter of the year: January 1, April 1, July 1, October 1. (Due to COVID mandates, this is waived until December 31, 2021). An enrollment deposit of 10% of tuition \$2,900 USD or 2.448 € is due at time of enrollment agreement. Total tuition less any applicable transfer credits and enrollment deposit may be paid either in one lump sum, in 3 annual installments or

in 32 monthly installments. For payments made annually the service charge is 3.5%. For payments made quarterly, the service charge is 4.0%. For payments made monthly the service charge is 4.5%.

**Application Fee:**

A non-refundable Application Fee of \$108 is due at the time the application is submitted. Send to Guru Ram Das Center at PO Box 1926, Espanola, NM 87532 or via PayPal at [Healthnow@grdcenter.org](mailto:Healthnow@grdcenter.org). This fee is applied to tuition if the candidate is accepted into the training.

**Application Due Dates:** Due to COVID mandates, this is waived until December 31, 2021

Program start dates are quarterly. The Application for Admission must be received at least 3 months prior to the next scheduled start date. Application/program start dates are as follows:

Application due: 3/31 for 7/1 start date                      Application due: 6/30 for 10/1 start date

Application due: 9/30 for 1/1 start date                      Application due: 12/31 for 4/1 start date

Due to COVID mandates, this is waived until December 31, 2021

**KRI Level I Training:**

Where did you complete your KRI Kundalini Yoga Teacher Training? \_\_\_\_\_

When did you complete this training? \_\_\_\_\_

Who was your lead teacher? \_\_\_\_\_

**Include A Copy of Your KRI Level 1 Training Certificate in Your Application Packet**

Applicants must be KRI Approved Kundalini Yoga Level I Instructors in good standing, have 200 hours of teaching experience, and have a demonstrated personal practice. Please use form on next page to show your teaching hours.

List any training you have attended that was sponsored by the Guru Ram Das Center for Medicine & Humanology from January 2010 to the present. Attendance for full duration of each In-Person and Online segment is required in order to receive transfer credit. **Include a copy of the Certificate of Attendance for each course.**

Name of Course	Location	Date Completed	# of Hours	Amount Paid

List any other course work that you have completed that you would like considered towards your transfer; for example- Anatomy and Physiology.

Name of Course	Location	Date Completed	# of Hours

## Teaching Hours Tracking Form

**KY Classes taught since Level One certification:** Please *summarize* and total each page at the bottom. You must have a total of 200 teaching hours.

Course Title	Where Taught	Dates	Type*	# Students	Hours
<b>TOTAL</b>					

\* C = class which is from 1 – 1.5 hours

## **Personal Narrative:**

Please answer the following questions:

- 1) Why are you interested in becoming a yoga therapist? How has your life experience brought you to this point?
- 2) What are your expectations for this Professional Training? What do you want to come away with? Describe your plans for using what learn over the 3 years.
- 3) Are you or have you been active in health care? In what capacity? If you are a licensed health professional which license (s) do you hold?
- 4) What strengths do you bring to teaching Kundalini Yoga to people with health conditions?
- 5) What areas have you identified where you need to grow?
- 6) What is your current personal sadhana?
- 7) Have you or anyone in your family experienced a chronic or life threatening illness? If so, please describe how this affects you.
- 8) What are your thoughts and beliefs about how a person becomes ill? About how a person gets well or recovers from illness?
- 9) What is Yoga Therapy in your view? How does it help someone become well again?
- 10) What support do you have as you start the training?

- 11) What support do you need to develop for yourself or to ask for from others? What is most important to insure your success?
- 12) Are you currently teaching Kundalini Yoga, or have you taught in the past? Please describe your student population and where you teach (kind of facility).
- 13) Please list any seva (volunteer) projects that you have completed or regularly participate in and give a brief description of each.
- 14) What else is important for us to know about you?

**Additional Application Materials to Be Submitted:**

**Current Photo**

**Videotaped Teaching:**

Each applicant is required to submit a recent video of them teaching a Kundalini Yoga Class and instructing a group meditation and getting in and out of relaxation. Please use Dropbox, YouTube, WeTransfer or Google Drive for your video submission.

**Note: If you include faces of participants, releases will need to be obtained from all student participants.**

**Letters of Recommendation:**

The applicant is required to have five different letters of recommendation with at least one from each of the following categories: a health professional, a member of his/her yoga community, a mentor, another Kundalini Yoga teacher. It is suggested that you select people who have known you for different lengths of time, for example: some who have known you a year or more, another who has known you 5-7 years.

**Note: Please use the LETTER OF RECOMMENDATION FORM on the following page.**

## **International Kundalini Yoga Therapy Professional Training Letter of Recommendation**

Please use this form for your letter of recommendation. You may elaborate on a separate piece of paper if you do not have enough room on this page.

- 1) Contact information: Please list the candidate's name, mailing address, along with home, business, cell phone numbers, and e-mail address.
  
- 2) How long and in what capacity have you known this candidate?
  
- 3) What strengths does this person bring to becoming a Kundalini Yoga Therapist?
  
- 4) What are this person's challenge areas?
  
- 5) Is there anything in this person's past, since they have become a Kundalini Yoga teacher, that could jeopardize his/her ability to function in the International Kundalini Yoga Therapy Professional Training?
  
- 6) Are there any areas of further development that you believe this candidate needs to strengthen before participating in the International Kundalini Yoga Therapy Professional Training?
  
- 7) How does the person interact with community members, students and other health professionals?
  
- 8) Is there anything else you would like to tell us?
  
- 9) Please provide your contact information: Name, title, mailing address, along with home, business, and cell phone numbers, and e-mail address. What is the best way to contact you?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send your **signed** letter of recommendation directly to Guru Ram Das Center for Medicine and Humanology, Attn: Admissions, PO Box 1926, Espanola, NM 87532, or email it to [kundaliniyogatherapy@grdcenter.org](mailto:kundaliniyogatherapy@grdcenter.org). Thank you for taking the time to complete this letter of recommendation. All comments remain confidential.

# International Kundalini Yoga Therapy Professional Training Affidavit of Conduct

“We must now have a standardized process...it must stand in a court of law. In a court of law this documentation is necessary.”

You may attach additional pages as needed

- 1) Have you ever had criminal charges brought against you? If so, please explain.
  
- 2) Have you ever been convicted of a crime? If so, please explain.
  
- 3) Have you ever had disciplinary action taken against you in any state or country by an employer and/or governmental licensing agency? If so, please explain.
  
- 4) Have you ever been hospitalized for a mental/emotional condition? If so, please explain.
  
- 5) Have you engaged in behavior since being certified as a Kundalini yoga teacher that is counter to the Professional Standards of a Kundalini Yoga Teacher? (See next page.) If so, please explain.

I certify that all of the information in this affidavit and application is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



# IAYT Code of Ethics and Professional Responsibilities

## Preamble

Yoga therapy is the process of empowering individuals to progress toward improved health and wellbeing through the application of the teachings and practices of yoga. The practice of yoga therapy requires specialized training and skill development to support the relationship between the client/student and therapist and to effect positive change for the individual (IAYT, 2012).

As yoga therapists, we acknowledge our responsibility to create a safe environment for learning and healing for our clients/students. We are committed to conducting ourselves in a manner that is consistent with the principles of yoga. We value the ethical principles of yoga outlined by Patanjali in the first two limbs of the eight-limbed path (*yama and niyama*) and strive to incorporate these principles into our professional practice.

IAYT-certified yoga therapists must be committed to responsible and ethical practice, to their own professional and personal growth, and to contributing to the growth and development of the field of yoga therapy. In furtherance of these commitments, we agree to be bound by the following Code of Ethics and Professional Responsibility.

## I Will

1. Respect the rights and dignity of my yoga therapy clients/students.
2. Provide my services in a nondiscriminatory manner.
3. Keep the client/student informed by explaining practices and recommendations and make only realistic statements regarding the benefits of yoga therapy.
4. Protect the confidentiality of information acquired in the course of client care. However, disclosure is permitted to law enforcement, family members of the client, or other persons when it is believed the client presents a serious and imminent threat to self or others, or as otherwise required by law.
5. Maintain professional boundaries in relationships with clients/students and avoid any relationships that may exploit the trust of clients/students.
6. Keep accurate client records.
7. Provide yoga therapy only within my level of skill and knowledge.
8. Provide the highest quality of care to yoga therapy clients/students.
9. Make timely referrals to other healthcare professionals as appropriate.
10. Refrain from providing yoga therapy to clients if I am unable to safely and effectively do so due to impairment (e.g., practicing while under the influence of drugs or alcohol).
11. Seek appropriate professional assistance for any personal issues that may impair my ability to practice safely and effectively.
12. Bill clients/students and third-party payers accurately and fairly.
13. Neither receive nor pay a commission for referral of a client/student.
14. Not engage in sexual contact with a current client/student after the professional relationship is established.
15. Be mindful that engaging in sexual contact with a former client or student can cause egregious harm and may be exploitative of the trust established during the professional relationship. Therefore, I will exercise extreme caution in engaging in any type of personal relationship with a former client or student.



## I Will

1. Work to promote high standards for the profession.
2. Commit to working toward equitable access to yoga therapy services.
3. Credit the sources on which materials are based when developing materials for training programs or publication, and obtain authorization/approval to utilize another individual's or organization's copyrighted or otherwise proprietary materials.
4. Commit to the maintenance and improvement of my yoga therapy skills through educational activities and study.
5. Strive to communicate with and about colleagues in a professional, balanced, and factually accurate manner.
6. Provide accurate, truthful, and non-misleading information in connection with any IAYT application, requirement, or disciplinary investigation or proceeding.
7. Comply with all IAYT policies that pertain to my membership, accreditation, and certification status.

## I Will

1. Provide accurate information regarding my education, training and experience, professional affiliations, and certification status.
2. Use only the appropriate professional designations for my credentials, including any designations required or granted by IAYT.
3. Advertise only accurate, truthful, non-misleading information.
4. Refrain from making public statements on the efficacy of yoga therapy that are not supported by the generally accepted experience of the profession.
5. Respect the integrity of other forms of health-care and other health and wellness traditions, and seek to develop collaborative relationships to achieve the highest quality of care for individual clients/students.

# **The Code of Professional Standards of a Kundalini Yoga Therapist**

## **Kundalini Yoga Therapist/Client Relationship**

It is the responsibility of the KY Therapist to maintain a professional relationship with clients. This also applies to anyone assisting the KY Therapist or engaged in any related activities.

- 1) A KY Therapist recognizes that trust placed in and unique power of the Client/Yoga Therapist relationship. A KY Therapist avoids any relationship with a Yoga Therapy client that could impair his or her professional judgment. He or she does not use the relationship for personal gain.
- 2) All forms of sexual involvement with Yoga Therapy clients and their family members are unethical, even when a client invites or consents to such behavior. Sexual behavior includes but is not limited to, all forms of overt and covert seductive speech, gestures, and behavior.
- 3) A KY Therapist does not engage in harassment, abusive words or actions, or coercion of clients or former clients.
- 4) A KY Therapist shows sensitive regard for the moral, social, and religious standards of Yoga Therapy clients, and avoids imposing his or her personal beliefs on others.
- 5) A KY Therapist realizes that he or she is a vehicle for these teachings, never their source.
- 6) A KY Therapist strives to build the Yoga Therapy client's connection to the teachings and to their own souls, rather than to a personality. The KY Therapist never considers him or herself a "guru" nor initiates anyone as a disciple.
- 7) A KY Therapist does not abandon or neglect clients. If unable to continue a professional relationship, every reasonable effort is made to arrange continued instruction with another KY Therapist or health care professional.
- 8) A KY Therapist makes only realistic statements regarding the benefits of yoga and yoga therapy.
- 9) A KY Therapist recognizes that the Client/Yoga Therapist relationship may involve a power imbalance, even with a client no longer receiving the services of the KY Therapist. Therefore, the KY Therapist will not enter into a personal relationship with a current or former client or the client's family members.

## **CONFIDENTIALITY**

- 1) A KY Therapist treats all communications with clients with professional confidentiality.

## **Yoga Therapy Group Class Structure**

- 1) A KY Therapist teaches Kundalini Yoga as it is originally taught with the exception of reducing the timing of postures, pacing or providing variations of postures when necessary to accommodate limitations of students.
- 2) A KY Therapist does not create or invent postures or incorporate other teachings into a Therapeutic Kundalini Yoga class or individual therapeutic session.
- 3) Acknowledging that we are part of the Golden Chain of Teachers, a KY Therapist begins each class or session by chanting *Ong Namō Guru Dev Namō* at least three times.
- 4) In class, and in individual yoga therapy sessions, a KY Therapist wears appropriate, modest, clean, white clothing.
- 5) Kundalini Yoga Therapists are strongly encouraged to wear a white head covering of natural fabric while teaching class, for his or her personal protection and upliftment when handling the powerful energies involved with teaching a Therapeutic Kundalini Yoga group class.
- 6) A KY Therapist will always arrive prepared to teach the class or the individual session and be on time.

- 7) A KY Therapist recognizes the tradition respecting the sacredness of yogic teachings, and encourages clients to pay for the class/session or make an offering according to their ability to pay.

### **Advertising and Promotion**

The following guidelines uphold the quality of the delivery of Kundalini Yoga Therapy and how Kundalini Yoga Therapy is represented, as well as protect against legal allegations arising from our actions, comments, or printed material:

1. A Kundalini Yoga Therapist does not misrepresent his or her professional qualifications, affiliations, or falsely imply sponsorship or certification by any organization.
2. Announcements and brochures promoting our services describe them with accuracy and dignity. These promotional materials should not include exaggerated claims about the effects of yoga or Yoga Therapy.
3. A Kundalini Yoga Therapist does not make public statements that contain any false, fraudulent, misleading, deceptive, or unfair statements or any statements intended or likely to exploit a client's fears, anxieties, or emotions.
4. A teacher will represent him or herself, the Guru Ram Das Center for Medicine & Humanology, and the International Kundalini Yoga Therapy Professional Training truthfully and accurately in all public relations, following the guidelines set from time to time by the Guru Ram Das Center for Medicine & Humanology and the International Kundalini Yoga Therapy Professional Training for advertising that will correctly reflect the organization's purpose, scope of practice and mission.

### **Professional Competence**

- 1) A KY Therapist recognizes his or her individual boundaries of competence and scope of practice and is forthcoming about professional experience, qualifications, and credentials.
- 2) A KY Therapist is committed to the improvement of his or her professional knowledge and skills in order that his or her performance will better serve others. A Kundalini Yoga Therapist continues to actively practice Kundalini Yoga and update his or her skills, particularly continuing education as recommended or required by IAYT, the Guru Ram Das Center for Medicine & Humanology and the International Kundalini Yoga Therapy Professional Training.
- 3) A KY Therapist is committed to his or her personal spiritual development, and so will have a regular, daily spiritual practice.
- 4) A KY Therapist abstains from taking alcohol, tobacco, or drugs (except for medical purposes).
- 5) A KY Therapist practices the yogic tradition of eating a vegetarian diet.

I, the undersigned, am in agreement to live according to IKYTA and the Guru Ram Das Center for Medicine & Humanology and the International Kundalini Yoga Therapy Professional Training ethical standards of a Kundalini Yoga teacher and Kundalini Yoga Therapist. I am currently a member in good standing of IKYTA and/or the International Association of Yoga Therapists (IAYT).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

# International Kundalini Yoga Therapy Professional Training

## Application Checklist

Application [    ]

Level 1 Certificate [    ]

Personal Narrative [    ]

Videotaped Teaching [    ]

Affidavit of Conduct [    ]

Ethics Agreement [    ]

Application Fee (send check to Guru Ram Das Center, or PayPal to healthnow@grdcenter.org) [    ]

Teaching Hours Form [    ]

Wallet Size Photo of Yourself [    ]

Letters of Recommendation are sent directly by the person writing the recommendation. Please list the names of the people you have asked to write a recommendation.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

