



**International Kundalini Yoga Therapy Professional Training**  
**300 Hour Bringing Yoga Into Healthcare Certificate**

PO Box 1926, Espanola, NM 87532 (505) 469-7699

**Application 2026 - 2028**

Today's Date \_\_\_\_\_

Legal Name \_\_\_\_\_

Spiritual Name if any \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Street

Apt #

City

\_\_\_\_\_

State

Zip/Postal Code

Country

Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

**Tuition:**

Tuition for the 300 hour Bringing Yoga Into Healthcare Certificate training is \$10,628 (USD) for applications received through December 31, 2027. Books and supplies for each course are the responsibility of the student and are not included. Estimated cost of books for 800-hour training ranges from \$590.00 to \$880.00, depending on format. Any cost of travel and accommodation are the responsibility of the student and are not included in this agreement.

An enrollment deposit of 10% of tuition \$1,063 (USD) 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, quarterly, or in monthly installments. 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 your check 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 Date:** Training is on a rolling enrollment basis and applications are reviewed when they come in. You can apply any time.

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

**Kundalini Yoga 200 hour Level I Teacher Training:**

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

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

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

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

List any training you have attended that was taught by a faculty from the Guru Ram Das Center for Medicine & Humanology from January 2019 to the present. Attendance for full duration of each In-Person and Online segment and completed assignments are 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

If you have taken 2 semesters of a college level Anatomy and Physiology course, online or in person, list here

Name of Course	Location/Institution	Date Completed	# of Hours



## **About You**

Please answer the following questions (on a separate page and submit with your application):

- 1) How long have you been practicing yoga? What styles of yoga have you explored?
- 2) What are your expectations for the 300 hour Bringing Yoga Into Healthcare Certificate training? What do you want to come away with? How does this program relate to your future personal and professional goals?
- 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 has been your personal sadhana over the past year? What is your current personal sadhana? What has been your experience from the practice? What have you noticed, what have you learned from it?
- 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 support do you have as you start the training?
- 10) What support do you need to develop for yourself or to ask for from others? What is most important to ensure your success?
- 11) Do you have any current physical or mental health conditions that you would like us to be aware of so that we can better support you during the training?
- 12) Are you currently teaching Kundalini Yoga? Describe your student population and where you teach (kind of facility).
- 13) List any seva (volunteer) projects that you have completed or regularly participate in. 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**

**Record Yourself Teaching:**

Each applicant is required to submit a recent video recording 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. Do not include family members or romantic partners.

**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 teaching Yoga therapeutically or 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?

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Signature

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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**

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 Code of Practice and Code of Conduct, as set by Yoga Alliance? (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.**

I, the undersigned, am in agreement to live according to the

\_\_\_\_\_ Role & Caliber of a Kundalini Yoga therapist in Student Handbook

\_\_\_\_\_ IAYT Professional Code of Ethics

[https://cdn.ymaws.com/www.iayt.org/resource/resmgr/docs\\_certification\\_all/docs\\_ethics\\_scope/ciayt\\_code\\_of\\_ethics.pdf](https://cdn.ymaws.com/www.iayt.org/resource/resmgr/docs_certification_all/docs_ethics_scope/ciayt_code_of_ethics.pdf)

\_\_\_\_\_ Yoga Alliance Code of Practice

<https://www.yogaallianceinternationalregistry.com/code-of-practice>

\_\_\_\_\_ Yoga Alliance Code of Conduct

<https://yogaalliance.org/yoga-alliance-policies/code-of-conduct/>

\_\_\_\_\_ I am currently a member in good standing of Yoga Alliance, or the International Association of Yoga Therapists (IAYT).

\_\_\_\_\_  
Legal 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) \_\_\_\_\_