

CARRIED DOWNWARD BREATH

- A PRENATAL YOGA TEACHER TRAINING PROGRAM INFORMATION & APPLICATION

ABOUT THE PROGRAM

“Apana,” sometimes translated as “Carried Downward Breath,” is the Sanskrit word for the energetic force that moves from pelvis to earth. It is the tidal waves of Apana that deliver a child from the womb to its new life.

The Yoga Room and Juliana Mitchell are proud to offer *Carried Downward Breath - A Prenatal Yoga Teacher Training*.

Carried Downward Breath will prepare you to lead safe and beautiful prenatal classes and enable you to feel confident when a pregnant student walks into your non-prenatal class. Prepare to have your heart opened: teaching yoga to pregnant women is incredibly rewarding work. And being certified in prenatal yoga opens doors to exciting new opportunities. Our alumnae have gone on to launch prenatal programs at studios, to teach prenatal yoga in a prison, to work as a birth coach - the list goes on.

Students in this program will acquire tools that are deeply practical and ultimately empowering. This training balances reverence for the classical study of yoga, along with scientific inquiry into the physical body, into pregnancy and into birth. We will delve into female anatomy. We will work as a community of learners on a sacred quest.

The 40-hour curriculum includes:

- Pregnancy from physiological, emotional and energetic perspectives
- Which poses to avoid, which ones to modify and why - including how to modify a Sun Salutation
- Common pregnancy discomforts and the yoga practices that can alleviate them
- Studies of anatomical models
- Understanding the progression of labor and birth
- And much more...

SESSION DATES & TIMES

May 10-13 & May 24-27

Wed. 1:15-5:45pm / Thu 11:30-4:30pm / Fri. 10:30-4:30pm / Sat 2:30-7pm

PROGRAM REQUIREMENTS & PERAMETERS

The program for certification is comprised of these five parts:

40 HOURS OF TRAINING: Students must attend all sessions (unless prior permission otherwise has been arranged) and must participate meaningfully in all group activities. See session dates & times, above.

HOMEWORK: Students must complete/hand in all homework, in a timely and excellent manner. Please expect that homework may be due for every class including the first class.

CLASS OBSERVATIONS: Students must observe minimally three prenatal yoga classes at The Yoga Room, by (at the latest) 4 months from the conclusion of the onsite portion of the training. These are the available class times for observing: Sundays 1:30-3:00pm in Astoria / Mondays 7-8:30pm in LIC / Tuesdays 7:30pm-9pm in Astoria

CLASS ASSISTING: Students must demonstrate competency by assisting in one, prenatal yoga class at The Yoga Room by (at the latest) 5 months from the conclusion of the onsite portion of the training. See the above listed class times for assisting times.

A FINAL PROJECT: Students must hand in a Final Project, by (at the latest) 6 months from the conclusion of the onsite portion of the training. The Final Project will entail teaching and documenting a prenatal class, according to certain criteria.

ABOUT THE INSTRUCTOR/PROGRAM DIRECTOR

Juliana Mitchell was introduced to yoga by her mom when she was 11 and began exploring the healing capacities of the breath at 18. Having studied with master teachers in the US, Italy and India, she's earned seven, yoga certifications (including an Advanced Yoga Teacher Training with Judith Lasater & Pelvic Floor Yoga with Leslie Howard). In 2006, Juliana began teaching prenatal yoga classes. Since then, she's conducted a yoga program for pregnant, homeless teens, assisted numerous expectant couples via her workshop Movement & Breath for Labor & Delivery, was prenatal yoga mentor to an obstetrician named Dr. Shilpa Babbar (for a randomized controlled trial to measure the impact of prenatal yoga on fetal behavior, conducted at Truman Medical Center, Kansas City), has occasionally served as a birth coach, and is the director of Carried Downward Breath – A Prenatal Yoga Teacher Training, which she's led annually since 2010.

PREREQUISITES

This program, as a path to certification, is open to those who:

- Have completed a 200-Hour Yoga Teacher Training Program (or equivalent)
- Have been teaching group yoga classes for a minimum of 6 months. If however you feel you qualify for an exception, please let us know and we will gladly consider on a case-by-case basis.
- Carry Yoga Teacher Liability Insurance.

(Anyone with an intense interest in the topic – such as birth coaches and midwives - who have a strong prior yoga practice may undertake the program, but not as a path to certification.)

TUITION & DEPOSIT INFORMATION

TUITION

\$675.00 “early registration price” (Up until April 10, 2017. Must be paid in full by that date to qualify for the discount.)
\$775.00 thereafter.

Full tuition payment is required to hold your spot in the program.

REFUND POLICY

- Cancellation/refund requests received more than 1 month prior to the start of the training: Shall be subject to a full refund, minus a \$150 administrative processing fee.
- Cancellation/refund requests received less than 1 month prior to the start of the training: No refund shall be given.

TO APPLY

Applicants must:

- Have read and understood the scope of the program (all of page 1 & 2)
- Fill out the below application (page 3 & 4), **adding in a copy of your resume.**
- Submit your completed application either:
ELECTRONICALLY: victoria@the-yoga-room.com or jennifer@the-yoga-room.com with subject line **Attn PYTT Application**
PHYSICALLY: The Yoga Room / 10-14 47th Road, LIC, NY 10012/ **Attn PYTT Application**

QUESTIONS?

Please direct any questions to victoria@the-yoga-room.com or jennifer@the-yoga-room.com

Congratulations on your decision to become a prenatal yoga teacher. We warmly welcome you to *Carried Downward Breath –A Prenatal Yoga Teacher Training with Juliana Mitchell at The Yoga Room*

GENERAL INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Emergency Contact Name & Phone: _____

YOGA BACKGROUND & FURTHER INFORMATION

Describe your yoga background. How long have you been practicing, and how often? What styles do you practice? With which teachers or at which studios do you practice?

Do you have a background in anatomy, physiology and/or kinesiology? Do you have a background in fertility, pregnancy and/or labor & delivery? If yes to any, please explain.

Do you have any physical injuries or diagnosis that might affect or limit your ability to participate in this program? If yes, please describe.

Do you have any personal practices that might affect or limit your ability to participate in this program?

How did you hear about the program? List name of referral if applicable.

FOR CERTIFICATION

I have completed a 200-Hour Yoga Teacher Training Program or (minimally) the equivalent.

Yes___ No___

Name of Program: _____

Dates: _____

I carry Liability Insurance for myself as a yoga teacher and it is current.

Yes___ No___

I have been teaching for minimally 6 months. (Or I've been granted an exception by the Program Director. **If you have been granted an exception, please print out and attach the e-mail in which this is stated and agreed.**)

Yes___ No___

FOR NON-CERTIFICATION

I am not a yoga instructor but rather am a (choose one) doula / midwife / other _____

And I understand that although I can receive a certificate of completion at the end of the training, that I will not however receive certification as a prenatal yoga teacher. (please initial) _____

PAYMENT

To reserve a place in our program, you must have paid tuition in full. To receive the early registration price, your payment must be made in full by the early registration date of April 10th, 2017

If paying by personal check, select one.

Check is enclosed/attached / I'm mailing/dropping it off:

The Yoga Room
Attn: **admin name as agreed at that time**; Prenatal Training
10-14 47th Road
Long Island City, NY 11101-5514

If paying by credit card, please set up an account at www.the-yoga-room and add a card to your account, then please call the studio and speak with a front desk assistant.

I'll call the studio with my information: 718-786-7962

PARTICIPATION AGREEMENT

I honor that ahimsa (non-harming in thought or action, toward self or other) and satya (truth in word and deed) are the foundational lessons of yoga and therein are the foundational pillars of this Program. I willingly apply these principles to the filling out of, and to the signing of, this application. I intend to bring these principles to my conduct within the program; the very best that I know how.

I intend to bring a sense of integrity and openness to my work in this program. In that the topics of fertility, pregnancy and motherhood can be emotionally charged for some people, I will move forward with tenderness and bravery for self and for others in the program; the very best that I know how.

I have read and understood pages 1 through 4 of this document.

I understand the scope of the program. I understand that, if I am paid in full and fulfill all the requirements of *Carried Downward Breath – A Prenatal Yoga Teacher Training*, including complying with in-class hours, completing written, reading & viewing homework, participating in a meaningful manner in all class discussions and practice teaching, completing my 3 prenatal yoga class observations and 1 assisting of a prenatal yoga class at The Yoga Room, and handing in a Final Project that meets all requirements, that I will receive a certificate of completion, which can be submitted to prospective employers as evidence that I have completed the Prenatal Yoga Teacher Training program. Paying for the program and completing the hours alone does not mean I will pass the program.

I understand that I am required to attend all of the training dates and times unless prior arrangement otherwise has been made and agreed upon, or in the unlikely event of a sincere emergency. Where the latter occurs, missed hours can be made up at the discretion of the Program Director, in special assignments and/or as mentoring time, at their sole discretion. I understand that, if I miss more than 2 hours, I can make up my hours with the Program Director at their private rate of \$125 per hour. If I do not make up all my hours, I will receive a non-passing status. Under such circumstances, I will be given the opportunity to make up my hours during a future training at a rate of \$125 per day.

I understand that in the unlikely event that my behavior is deemed inappropriate or unethical by The Yoga Room or the Program Director, in their sole discretion, that they reserve the right to ask me to leave the program. Under such circumstances, I will not be refunded my tuition. I understand that in the unlikely event that my health is deemed, by The Yoga Room or the Program Director, in their sole discretion, to be at a level such that I am unable to fully participate in the training, that they reserve the right to ask me to leave the program. Under such circumstances, I will be given a prorated refund, based on the amount of time I have attended the training, less the deposit of \$150.

I have read, and accept the above agreement: _____
Signature Print Name Date