

# Rasa Yoga Cikitsa Program Application



**SCHOOL OF YOGA AND AYURVEDA**

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# Application Instructions

## **Application Components:**

- Completed application form (in this package)
- Biographical resume including yoga experience, training, future teaching plans, and statement of purpose for applying to Rasa Yoga's program
- One letter of recommendation from a previous yoga teacher
- To apply, you must have completed 200 Hour Certification. You will complete a Bridge Program before beginning the Rasa Yoga Cikitsa Program. Practical and written placement exams will be used to determine level of training.
- This program assumes those who enter have 100 hours of teaching experience. You may apply with less experience, but additional time will be needed to complete the program requirements.
- Three page essay describing how you see yourself in 5 years, emphasizing how you see the Rasa Yoga program as a necessary part of your path

**Submit Completed Application in person, email  
to [doyoga@rasayogaschool.org](mailto:doyoga@rasayogaschool.org),  
or Mail To:**

## **Rasa Yoga**

17226 Mercury, Suite 108  
Houston, TX 77058

## **Induction Meeting:**

After application into the **Rasa Yoga Cikitsa** Program, the Program Director will conduct an Induction interview to discuss your application and to determine the credits that may be available from your previous training and education to be applied to **Rasa Yoga** requirements. This is typically a 1- to 2-hour meeting.

# Rasa Yoga Cikitsa Program Application

## 1. PERSONAL INFORMATION (please include a recent photo)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 2. YOGA PRACTICE INFORMATION

What style(s) of Yoga do you practice regularly? \_\_\_\_\_

\_\_\_\_\_

How long is your daily practice (in hours)? \_\_\_\_\_

If you are currently teaching Yoga, how many hours do you teach per week? \_\_\_\_\_

What style(s) of Hatha Yoga do you teach? (if applicable) \_\_\_\_\_

\_\_\_\_\_

Approximately what year did you start to practice Yoga and teach Yoga (if applicable)?

\_\_\_\_\_

Please provide the names of your principal teachers or schools: \_\_\_\_\_

\_\_\_\_\_

If you meditate, how long have you been meditating, and how often do you meditate?

\_\_\_\_\_

## 3. HEALTH INFORMATION (Confidential)

If you are under medical treatment or supervision, for which condition(s)?

\_\_\_\_\_

\_\_\_\_\_

If you are pregnant, when is your due date? \_\_\_\_\_

If you are currently receiving psychotherapy, psychiatric treatment, and/or counseling, for which condition(s)?

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If you have ever been hospitalized or received psychiatric treatment, when did this occur and for which condition(s)?

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If you have any chronic physical impairment (e.g., vision, hearing, movement, etc.), what is the nature and extent of your health challenge?

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Do you have any communicable diseases? \_\_\_\_\_

During the past three years have you been addicted to drugs or alcohol? If so, please explain.

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If you are using any prescription medication, please indicate type, dosage, and frequency:

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#### **4. EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

## 5. ADDITIONAL INFORMATION

How did you learn about **Rasa Yoga Cikitsa** training program?  
(Thank you for indicating all applicable.)

\_\_\_ Rasa Yoga teacher/student \_\_\_\_\_

\_\_\_ Rasa Yoga Website

\_\_\_ Facebook \_\_\_\_\_

\_\_\_ Google \_\_\_\_\_

\_\_\_ Family/friend/health care provider \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

## 6. DECLARATION OF DISCLOSURE AND ACCEPTANCE OF TERMS

I hereby declare that the above information is true to the best of my knowledge. I understand that misrepresentation of this information constitutes grounds for rejecting this application, expulsion from the program, or revocation of certification. I have read the Certification Agreement and the Ethical Guidelines and understand and accept the conditions, requirements, and agreements therein. I understand that I am entitled to NO refunds, credits, or adjustments resulting from my failure to uphold any of these conditions.

## 7. REFUND POLICY

No refunds or transfers on general class tuition, workshops, Lotus Moves/Buti Yoga, courses, workshops, upper level programs, private and/or group yoga therapy training session, sound healing sessions, or chiropractic. Boutique credit on unused and unopened items purchased within 14 days. No refund or credit on books. 5 class card is valid for 6 months; 10 class card is valid for 1 year.

## 8. SIGNATURE

**By applying to this training program you agree to comply with these terms. Your signature below acknowledges your agreement with this policy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_