

**BAPTISTE POWER YOGA INSTITUTE  
TEACHER CERTIFICATION  
RENEWAL APPLICATION<sup>1</sup>**

***30 HOURS OF CONTINUING EDUCATION ARE REQUIRED EACH CALENDAR YEAR***

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**DAY PHONE:** \_\_\_\_\_ **EVENING PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **WEBSITE:** \_\_\_\_\_

**BAPTISTE POWER YOGA INSTITUTE PROGRAMS ATTENDED DURING THE PAST YEAR:**

**PROGRAM:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**BAPTISTE POWER YOGA INSTITUTE PROGRAMS PARTICIPATED IN DURING THE PAST YEAR (I.E.,  
TEACHER'S INSIGHT MONTHLY SUBSCRIPTION):**

**PROGRAM:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

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<sup>1</sup> Baptiste Power Yoga Institute reserves the right to approve or deny any certification application based on the standards set forth by the Institute.

**UPDATED TEACHING INFORMATION** (include information on a maximum of 2 employers)

**FIRST EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**DAY PHONE:** \_\_\_\_\_ **WEBSITE:** \_\_\_\_\_

**SECOND EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**DAY PHONE:** \_\_\_\_\_ **WEBSITE:** \_\_\_\_\_

**UPDATED SHORT BIO (150 WORDS OR LESS):**



PLEASE SUBMIT THIS FORM AND THE \$150 ANNUAL DUE TO:  
CERTIFICATION PROGRAM  
BAPTISTE POWER YOGA INSTITUTE  
P.O. Box 400279  
CAMBRIDGE, MA 02140