



**IAYT Approved Professional Development
(APD)
Course Application Instructions**

Approved Professional Development Course Submission

Important Instructions

Section 1: APD Provider Information

The APD Provider shown below is the member or member school registered as the responsible provider. This member is the individual or organizational entity with overall responsibility for submission of this APD course and for ongoing oversight of the course if approved. The Provider is the IAYT member submitting payment for the course and may or may not be directly involved in course delivery.

Registered Provider	THIS MUST be the SAME as the Provider Registration Profile Name	Provider Last Name
First Name or Member		
School Name		
Email Address as shown on registered provider profile *	Enter the email address associated with the member or member school profile registered as the Provider.	
Provider Requested Name as shown on Provider registration form if different from Member name above	If you requested a different name for your course listings, enter it here exactly as shown on the provider registration.	

Section 2: C-IAYT Information

Each course is required to have an IAYT Certified Yoga Therapist (C-IAYT) in an active faculty role. If there is more than one C-IAYT associated with this course, enter information for the one providing the largest percentage of faculty time in this course. This information is for internal use only. Faculty for your APD listing, including this C-IAYT, are entered in Section 6.

C-IAYT First Name *	C-IAYT Last Name *
C-IAYT Membership Number *	If you are not the C-IAYT, ask this person for their IAYT member number.
What is the role of the C-IAYT in this course? *	<p><i>Select one or more that describes the roles of the C-IAYT associated with this course.</i></p> <p>Lead Faculty Assistant to Lead Faculty Course developer/designer Other</p>
If Other, please describe	
C-IAYT years of yoga therapy experience *	<p><i>Select the Primary C-IAYT faculty member's yoga therapy experience in practice and/or as a faculty member in a yoga therapy setting.</i></p> <p>Greater than 10 years 6-10 years 1-5 years Less than 1 year</p>
Is the C-IAYT also a Licensed Health Care Practitioner (LHCP)? *	<p>Yes No</p>
If Yes, list LHCP credentials	

Section 3: IAYT Policies

Carefully READ the documents indicated below BEFORE answering the questions. These are available on the Applications Materials page and can also be found on our website under Certification Policies. Please note that you will not be able to submit the application if you do not review and answer YES to these questions. If you are unable to answer YES use the Contact Us link on our website to reach us. ** Be sure to click on "Save and Continue Later" if you leave this page so your work is not lost. **

1. I have read and agree to abide by the IAYT Code of Ethics & Professional Responsibilities *

The only available answer to the Policy questions is Yes. If you are unable to answer Yes for any reason, you may use the Contact Us link to reach a team member for assistance.

2. I have read and agree to abide by the IAYT Grounds for Disciplinary Action *

The only available answer to the Policy questions is Yes. If you are unable to answer Yes for any reason, you may use the Contact Us link to reach a team member for assistance.

3. I have read and understand the IAYT Scope of Practice for Yoga Therapy *

The only available answer to the Policy questions is Yes. If you are unable to answer Yes for any reason, you may use the Contact Us link to reach a team member for assistance.

4. I have read and agree to abide by the IAYT Safe Schools policy *

The only available answer to the Policy questions is Yes. If you are unable to answer Yes for any reason, you may use the Contact Us link to reach a team member for assistance.

5. I have read and agree to abide by the IAYT APD Fee and Renewal Policy. *

The only available answer to the Policy questions is Yes. If you are unable to answer Yes for any reason, you may use the Contact Us link to reach a team member for assistance.

6. I have read and agree to abide by the IAYT APD Service Mark & Certificate Use Policy *

The only available answer to the Policy questions is Yes. If you are unable to answer Yes for any reason, you may use the Contact Us link to reach a team member for assistance.

Section 4: Course Overview

Provide the following overview information for your course. Be mindful that your Course Title should be concise enough to fit on the Certificate. Your Course Title and Course Description should indicate that the course will provide Yoga THERAPISTS with material to maintain core competencies and advance their professional growth and development and be consistent with the IAYT Scope of Practice for Yoga Therapy. Course Titles and Descriptions that are not clear in this regard may be returned for modification prior to approval. The final approval information will be included in your APD listing on IAYT.org. The Course Title may not be changed after approval without new application. **The information entered here will show EXACTLY as entered on your course listing. **

Course Title: *	Provide course title exactly as you would like it to be listed in the IAYT APD listing. Once approved this title cannot be changed without submitting a Course Update Form and Fee. Limited to 250 characters including spaces. Example: <i>Yoga Therapy for Improving Sleep</i>
Course Description *	This description will show in the IAYT website listing for your course exactly as entered. Briefly describe the course as you want it displayed, and what makes this course relevant to yoga therapy. Limited to 550 characters including spaces. Example: <i>This 30 hour workshop for yoga therapists focuses on assessment strategies and skills to design, implement and evaluate individualized yoga therapy plans for clients with sleep symptoms. Theoretical frameworks (both yoga and health care), current approaches and research findings about sleep will be presented. The workshop includes lectures, yoga practice demonstrations, work in small groups and role playing. Participants will have the opportunity to present a case study and receive instructor feedback.</i>
Course Web Site (enter N/A if no website) *	You must provide either a course web site address or course contact email (below) so that interested members can learn more about the course.
Course Email Address	You must provide either a course contact email or course web site address (above) so that interested members can learn more about the course.
Course dates (YYYY-MM-DD to YYYY-MM-DD) if known. Will show as TBD on listing if not filled in.	Provide dates if known at time of application. If not known at time of course application, update IAYT once known and also publish conspicuously on course web site. Format is "YYYY-MM-DD to YYYY-MM-DD" (Exactly 4 digits for year and 2 each for month and day). If there are multiple dates for a recurring course, enter the dates on separate lines. If dates are unknown leave this field blank.

Course location(s), if known:

Provide location(s) if known at time of application. If not known at time of course application, update IAYT once known and also publish conspicuously on course web site. If offered in multiple locations enter up to three on separate lines or enter "Multiple".

Delivery Format *

Select all formats used in the course that can be continuing education hours. More information on these delivery formats is shown below.
Live (In-Person)
Live (On-Line)
Pre-recorded

Section 5: Course Details

One hour of content delivery in any of the three teaching methods equals 1 CE hour. BREAKS AND MEALS EQUAL ZERO HOURS. Pre-recorded content is equal to the actual length of the recording. If live mentorship is required for the course, include these required hours as In-Person or On-line. Practice requirements with clients are "homework" and do not count toward CE hours. Enter zero if there are no course hours for a delivery method. Details of the competencies can be found in the excerpt from the Educational Standards in the Application Materials. The full document is on the IAYT website under Accreditation.

Number of Live (In-Person) Hours: *

This is primarily actual classroom instruction time. If pre-recorded material is presented during the classroom time you may include that here. If the course requires Live (In-Person) mentoring outside of the classroom delivery you may include that here as well.

Number of Live (On-Line) Hours: *

This is primarily synchronous (**live**) online delivery of material. If the course requires Live mentoring by phone or over the internet outside of content delivery you may include the **required** hours here.

Number of Pre-Recorded Content Hours: *

These are content delivery hours **required** for course completion outside of any live presentation method. Limited to the actual length of the recording.

Total CE Credits for Course: *

The number of CE credits should not include any independent home study assignments. Required mentoring done in person can be included in the Live in-person or Live on-line fields.

Course Categories *

Select the categories that are applicable to the content of your course. More information about these categories can be found in the APD Guidelines

- Ethics
- Clinical Skills
- Mentoring
- Business and Marketing
- Research Literacy

**PRIMARY IAYT
competency addressed
in this course ***

Choose the PRIMARY competency that this course addresses:

- Category 1.1. Yoga Teachings and Philosophy
 - Category 1.2. Yoga and the Mind
 - Category 1.3. Framework for Health and Disease
 - Category 2.1. Anatomy and Physiology
 - Category 2.2. Additional Biomedical Knowledge
 - Category 2.3. Psychology and Mental Health
 - Category 2.4. Additional Psychology & Mental Health Knowledge
 - Category 2.5. Body and Mind Integration
 - Category 3.1. Yoga Therapy Tools
 - Category 3.2. Basic Principles of the Therapeutic Relationship
 - Category 3.3. Principles and Skills for Educating Clients/Students
 - Category 3.4. Principles and Skills for Working with Groups
 - Category 4.1. Providing Yoga Therapy
 - Category 5.1. Ethical Principles
 - Category 5.2. Legal, Regulatory, and Business Issues Pertaining to Yoga Therapy
 - Category 5.3. Relationships with Peers, Mentors, Clinicians, and Organizations
 - Category 5.4. Personal and Professional Development and Continuing Education
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ALL IAYT competencies addressed in this course *

Select all competency areas addressed in this course.

Category 1.1. Yoga Teachings and Philosophy
Category 1.2. Yoga and the Mind
Category 1.3. Framework for Health and Disease
Category 2.1. Anatomy and Physiology
Category 2.2. Additional Biomedical Knowledge
Category 2.3. Psychology and Mental Health
Category 2.4. Additional Psychology & Mental Health Knowledge
Category 2.5. Body and Mind Integration
Category 3.1. Yoga Therapy Tools
Category 3.2 Basic Principles of the Therapeutic Relationship
Category 3.3 Principles and Skills for Educating Clients/Students
Category 3.4 Principles and Skills for Working with Groups
Category 4.1 Providing Yoga Therapy
Category 5.1. Ethical Principles
Category 5.2. Legal, Regulatory, and Business Issues Pertaining to Yoga Therapy
Category 5.3. Relationships with Peers, Mentors, Clinicians, and Organizations
Category 5.4. Personal and Professional Development and Continuing Education

Learning Objective #1 *
At least one learning objective, with competency area and evaluation method is required.

Identify a learning objective that is related to the yoga therapy-applied skill(s) in this course. List the skill the participants will be able to **do** after the program, not what the presenter intends to **cover** during the program. The examples shown here are applicable to yoga therapy applied skills. Other types of learning objectives and evaluation methods are acceptable.
Example: *Evaluates client mobility as part of yoga therapy assessment.*

IAYT Educational Competency related to Learning Objective #1 *

IAYT Educational Competency area(s):
Identify the IAYT educational competency area aligned to Learning Objective #1. These can be found in the Application Materials
Example: *Category 4.1. Providing Yoga Therapy.*

Evaluation Method for Learning Objective #1 *

For Learning Objective #1, identify how students in the course will demonstrate they have successfully learned the skill.
Example: *Students will demonstrate this ability in a supervised role-playing experience.*

Learning Objective #2	Identify a learning objective that is related to the yoga therapy-applied skill(s) in this course. List the skill the participants will be able to do after the program, not what the presenter intends to cover during the program. Example: <i>At the end of this program, students will be able to conduct a comprehensive assessment of client sleep symptoms based on the panchamaya model.</i>
IAYT Educational Competency related to Learning Objective #2	IAYT Educational Competency area(s): Identify the IAYT Educational competency area aligned to Learning Objective #2. These can be found in the Application Materials. Example: <i>3.1 Yoga Therapy Tools, 3.2 Basic Principles of the Therapeutic Relationship, 3.3 Principles and Skills for Educating Clients/Students, and 4.1 Providing Yoga Therapy.</i>
Evaluation Method for Learning Objective #2	For Learning Objective #2, identify how students in the course will demonstrate they have successfully learned the skill. Example: <i>Students will participate in triad experiences in which one student is the interviewer, one is the interviewee and one is the observer. Feedback will be given to the interviewer using a sleep assessment skills checklist.</i>
Learning Objective #3	Identify a learning objective that is related to the yoga therapy-applied skill(s) in this course. List the skill the participants will be able to do after the program, not what the presenter intends to cover during the program. Example: <i>At the end of this program, students will be able to develop an individualized plan for client sleep symptoms and evaluate the effectiveness of the initial plan.</i>
IAYT Educational Competency related to Learning Objective #3	IAYT Educational Competency area(s): Identify the IAYT Educational competency area aligned to Learning Objective #3. These can be found in the Application Materials. Example: <i>3.1 Yoga Therapy Tools, 3.2 Basic Principles of the Therapeutic Relationship, and 3.3 Principles and Skills for Educating Clients/Students.</i>
Evaluation Method for Learning Objective #3	For Learning Objective #3, identify how students in the course will demonstrate they have successfully learned the skill. Example: <i>Students will submit a case study of an assessment visit and return visit for a client with sleep symptoms. Instructor feedback will be provided.</i>

Section 6: Key Faculty Information

You may list up to 5 faculty members in your course information on the IAYT website. Enter each on a separate line exactly as you want them displayed. Include the C-IAYT entered above on this application. You may also leave this blank or enter "Various" and provide more information on your Course website.

Faculty

Section 7: Other Course Information

Is this course also approved to provide CE credit for other professional requirements? *

Have you applied and been approved to award CE credit for other professions? If so, check yes and select from the list below or enter the profession not shown in the Other field below.
Yes
No

If Yes, what profession or organization will accept this course for CE credit?

Nursing
Registered Dietician
Social Work
Medical Doctor
Naturopathy
Physical Therapy
Occupational Therapy
Yoga Alliance
Fitness Training
Massage Therapy
Mental Health Practitioner
Other

Other Professional CE Credits if not listed above

Section 8: Applicant Statements and Feedback

I have proofed the above material for listing on the website. *

The Course Title, Description, Dates, Locations, URL and/or Email, CE Hours, and Faculty information will appear on the website listing as you have submitted them once the course is approved. Review to insure they are accurate and notify IAYT of any changes. Course title CANNOT be changed after approval.

Applicant statement *

The information submitted is, to the best of my knowledge, true, accurate, and complete.

Your feedback: How has the application process been so far? *

Very Easy
Manageable
Very Hard

Feedback comments :

Section 9: Submit Your Application

You have come to the end of the online application. Please check to make sure all page

numbers shown in the little boxes above are **GREEN**. If any show as red, return to that page and fill or correct the fields on that page. **USE SAVE AND CONTINUE LATER IF YOU ARE NOT READY TO SUBMIT.**

If you receive an **error** message upon submission, refer to the link received on your original email for your Provider approval, close your browser, re-open it, and use the link to return to the application.
