

**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	XXX	XXX
First Name or Member School Name		Provider Last Name
Email Address as shown on registered provider profile *	XXX@XXX.XXX	
Provider Requested Name as entered on Provider registration form *	Limitless Wisdom: Integrating Talk and Yoga Therapies	

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 *	XXX	C-IAYT Last Name *	XXX
C-IAYT Membership Number *	#####		
What is the role of the C-IAYT in this course? *	Assistant to Lead Faculty Course developer/designer		
If Other, please describe			
C-IAYT years of yoga therapy experience *	6-10 years		
Is the C-IAYT also a Licensed Health Care Practitioner (LHCP)? *	Yes		
If Yes, list LHCP credentials	LSW, PhD		

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

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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 *** Yes
- 2. I have read and agree to abide by the IAYT Grounds for Disciplinary Action *** Yes
- 3. I have read and understand the IAYT Scope of Practice for Yoga Therapy *** Yes
- 4. I have read and agree to abide by the IAYT Safe Schools policy *** Yes
- 5. I have read and agree to abide by the IAYT APD Fee and Renewal Policy. *** Yes
- 6. I have read and agree to abide by the IAYT APD Service Mark & Certificate Use Policy *** Yes

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: *** Integrative and Complementary Yoga Approaches for Behavioral Health (Yoga Therapists, Social Workers, Marriage and Family Counselors, etc.)
- Course Description *** This training workshop provides a comprehensive, integrative, mind/body/spirit curriculum focusing on healing practices to use with clients coping with traumatic stress, chronic health issues, and lifestyle management. Embracing the healing guidance from Western and

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Eastern healing, neuroscience, psychology, and movement, participants will learn empowering and comprehensive self-regulation practices to use with clients in a therapeutic setting. This workshop provides opportunity to practice and experience the benefits for therapeutic self-care.

Course Web Site
(enter N/A if no website) *

<https://www.limitlesspotentials.com/>

Course Email Address

Course dates (YYYY-MM-DD to YYYY-MM-DD) if known.

Will show as TBD on listing if not filled in.

Course location(s), if known:

Delivery Format * Live (In-Person)

Contact method for Q&A and technical support - Live (On-line) and Pre-recorded courses. *

XXX@XXX.XXX

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: *

Number of Live (On-Line) Hours: *

Number of Pre-Recorded Content Hours: *

Total CE Credits for Course: * 16

Course Categories * Clinical Skills

PRIMARY IAYT competency addressed in this course * Category 2.3. Psychology and Mental Health

ALL IAYT competencies addressed in this course *

Category 1.3. Framework for Health and Disease
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

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	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
Learning Objective #1 *	Understand the biological aspects of yogic stress management practices for physical/mental health care
IAYT Educational Competency related to Learning Objective #1 *	1.3 Framework for Health and Dis-ease, 2.3 Psychology and Mental Health, 2.4 Additional Knowledge, and 2.5 Body and Mind Integration, 3.3 Yoga Therapy Tools, 5.1 Ethical Principles
Evaluation Method for Learning Objective #1 *	Students will select various tools each day to practice between sessions and then will share with class what and why the particular tool was selected at the next day's session.
Learning Objective #2	Learn and practice how breathing, movement, and meditation can rebuild neural pathways in the brain for new behaviors and relapse prevention
IAYT Educational Competency related to Learning Objective #2	2.5 Body and Mind Integration, 3.1 Yoga Therapy Tools, 3.2 Principles of the Therapeutic Relationship, 3.3 Principles and Skill for Education Clients
Evaluation Method for Learning Objective #2	Students will practice working with each other on the techniques that can help rebuild neural pathways
Learning Objective #3	Understand the importance of case conceptualization. Participants will learn how to assess and design appropriate health/mental health self-care practices (Ayurveda) for the client's level of care and formulate a treatment plan
IAYT Educational Competency related to Learning Objective #3	2.4.2, 2.5 Body and Mind Integration, 3.2 Basic Principles of the Therapeutic Relationship, 3.3 Principles and Skills for Education Clients/Students, 4.1 Providing yoga therapy
Evaluation Method for Learning Objective #3	Participants will submit a case study of an assessment and self-care plan for a client and will receive feedback from the presenters in mentoring session following course completion.

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

XXX X. XXX Ph.D., CAP, C-IAYT, 500 E-RYT, LFYT Licensed
Psychotherapist, Certified EMDR Practitioner & Consultant in Training
Certified Addiction Professional
Certified Yoga Therapist
Limitless Potentials, Inc.

Section 7: Other Course Information

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Cost of course (for internal analysis only) \$200-\$500

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

If Yes, what profession or organization will accept this course for CE credit? Social Work
Mental Health Practitioner

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. * Yes

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? * Manageable

Feedback comments :