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

Provider Last Name

Member School Name

Email Address as shown on registered provider profile

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

C-IAYT Last Name

C-IAYT Membership Number

What is the role of the C-IAYT in this course? *

If Other, please describe

C-IAYT years of yoga therapy experience *

Is the C-IAYT also a Licensed Health Care Practitioner (LHCP)? *

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 *
   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.)

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
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

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**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:** *
16

**Number of Live (On-Line) Hours:** *
0

**Number of Pre-Recorded Content Hours:** *
0

**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
Sample:

- **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**
Cost of course (for internal analysis only) $200-$500
Is this course also approved to provide CE credit for other professional requirements? *
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: