



Instructions for C-IAYT Recertification Application

What you see below is a copy of the online application with help text for each field. This gathers all the information needed to review and approve your recertification.

Important instructions:

- Please review the recertification policy (Recertification>Recertification Overview).
- On your profile, check your Professional Development (Manage Profile>Contents & Features>Professional Development) to make sure you have completed and submitted a minimum of 24 hours of Continuing Education (CE) credits, including 2 CEs for the Ethics and Scope of Practice quiz, during your current 3-year certification period.
- Bookmark the application page so that you can return to it.
- Use the Save and Continue Later button at the bottom of each page regularly so that any work you enter can be retrieved if you leave (or "time out") and come back later to the application.

When you reach the end of the application:

- Check first to make sure all the page numbers at the top of the screen are green.
- Return to any page that is red and complete that page
- Once ready, click on Submit.
- If you receive an error message your application may have timed out as you worked. Exit and return to the application, checking all fields for completion and then submit again.

If you have difficulties, please use the **Contact Us** button at the top of our website to reach assistance.

Section 1: Member Information

First Name *

Enter your first name
as shown in your
IAYT Member Profile

Last Name *

Enter your last name
as shown in your

IAYT Member
Profile

**You can find your
member number
here:**
[Member Number](#)

Member Number * You must be a current IAYT member to submit an application. Your member number can be found on your member profile, or you may click on the Member Number link in the application to see your Member Number.

Address Line 1 * Enter your current valid mailing address.

Address Line 2

City * Enter your city. **Zip/Postal Code *** Enter your zip or postal code.

State/Province * Enter the 2- digit code or full name of the state or province of your address.

Country * Enter your country.

Email Address * Enter your current valid email address.

Phone Area Code (maximum 3 numbers) Enter your 3-digit area code. **Phone *** Enter your current valid phone number.

Gender Identification * Enter your identified gender. **If Other:** You may enter your preferred pronoun or other gender identification here.

Date of Birth (format mm/dd/yyyy) * Enter your date of birth - mm/dd/yyyy.

Section 2: IAYT Policies

Carefully review the documents at the links provided below BEFORE answering.

Have you read and agree to abide by the IAYT Code of Ethics? *

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.

Have you 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.

Have you read and do you understand the IAYT Scope of Practice? *

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.

Have you read and agree to abide by the Use of the C-IAYT Credential & Certification Service Mark? *

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.

Have you read and agree to abide by the C-IAYT Continuing Education Requirements? *

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 3: Additional Information

Your entries in the fields below will help us to know our C-IAYTs and better serve you.

How many years have you practiced yoga therapy? *

Multiple choice; select the range that best applies to your yoga therapy practice:

- 1-5
- 6-10
- 11-15
- more than 15

Select any activities in which you have been involved in the past 3 years: *

Multiple choice; choose all activities that apply:

Yoga therapy with individuals
Yoga therapy with groups
Teaching workshops/seminars for yoga therapists
Faculty in an IAYT APD course
Faculty in yoga therapy training programs
Yoga therapy-related presentations and/or publications
Other

Other yoga therapy-related activities - please specify

Describe any yoga therapy-related activities other than those listed above.

What is your current primary yoga therapy activity? *

Multiple choice; select the activity that best applies to your yoga therapy practice:

Yoga therapy with individuals
Yoga therapy with groups
Faculty in any yoga therapy trainings/workshops/CE
Other

If other - please specify

Describe your primary yoga therapy-related activity if other than those listed above.

Please check yoga related organizations with which you are affiliated (if any) *

Multiple choice; choose all organizations which with you are affiliated:

Ananda Yoga Teachers Association
Australasian Association of Yoga Therapists
British Council for Yoga Therapy
Himalayan Institute Teachers Association
Integral Yoga Teachers Association
Iyengar Yoga National Association of the United States
Kripalu Yoga Teachers Association
Medical Yoga Society of Japan
National Ayurvedic Medical Association
Yoga Alliance
Yoga Therapy Ireland
Yoga Australia
Other
Not applicable

If other, please specify

List any yoga related organizations with which you are affiliated other than those listed above.

Which one of the following styles predominately informs your yoga therapy practice? *

Multiple choice; select one style that most informs your yoga therapy practice:

Ananda
Anusara
Ashtanga
Ayurvedic
Krishnamacharya/ Desikachar
General Hatha
Himalayan
Integral Yoga
Integrative Yoga Therapy (Joseph LePage)
Integrative Restoration (iRest)
Iyengar
Kripalu School of Integrative Yoga Therapy (6/2018)
Kriya
Kundalini
Life Force
Phoenix Rising Yoga Therapy
Purna Yoga
Restorative Yoga
Sivananda Yoga
Shambhava Yoga
Structural Yoga Therapy
Svaroop
Triyoga
Viniyoga
Yoga Therapy Rx
Other

If Other please specify:

Enter the style of yoga that most informs your yoga therapy practice if other than those listed above.

What are the settings in which you offer yoga therapy? *

Multiple choice; select all settings in which you currently offer yoga therapy:

Hospital
Outpatient medical clinic
Retirement Center
Jail or prison
Veterans Center
Military facility

In my home
Yoga Studio outside of home
Other

If Other please specify setting

List any settings in which you currently offer yoga therapy, if other than those listed above.

Who are your primary clients? *

Multiple choice; select one group that best represents your primary clients:

General public
Seniors
Children
Veterans and/or military members
Inmates
Other

If Other, please specify

Describe your primary yoga therapy clients if other than those listed above.

Estimated total annual salary from yoga therapy activities *

Multiple choice; select the range that best applies to your annual yoga therapy income:

\$0-10,000
\$10,000-25,000
\$25,000-40,000
\$40,000-60,000
Greater than \$60,000

Do you have another primary occupation other than yoga therapy? *

Select Yes if you have another occupation other than yoga therapy; select No if yoga therapy is your only occupation.

Yes
No

If Yes, please specify

List any other occupations you currently are involved with other than your yoga therapy practice.

Are you a licensed health care practitioner? *

Select Yes if you are a licensed health care practitioner; select No if you are not a licensed health care practitioner.

Yes
No

If Yes, please select type of professional license

Multiple choice; select all healthcare licenses you currently operate under:

Acupuncturist
Chiropractor
Massage Therapist
Medical Doctor
Mental Health Counselor
Nurse
Nurse Practitioner
Occupational Therapist
Physical Therapist
Psychologist
Naturopathic Doctor
Osteopath
Doctor of Oriental Medicine
LCSW
Other

If Other, please specify type of health care practitioner

List any healthcare licenses you currently hold, if other than those listed above.

Are you certified in other complementary disciplines? *

Select Yes if you are certified in any other complementary disciplines; select No if you are not certified in any other complementary disciplines.

Yes
No

If Yes, please select type of training

Multiple choice; if you answered Yes to the above question, select any other certifications in complementary disciplines you may hold:

Ayurvedic Health Counselor
Ayurvedic Practitioner
Ayurvedic Doctor
Physical Therapy Aide
Homeopathy
Herbology
Music Therapy
Art Therapy

Dance Therapy
Other

If Other, specify disciplines **List any complementary disciplines you are currently certified in, if other than those listed above.**

Section 4: C-IAYT Certificate, Comments, and Applicant Statement

Enter your first and last names (and middle initial if desired) EXACTLY as you want them to appear on your C-IAYT certificate. Do NOT include any other credentials. (Other credentials will not be printed.) You will be able to access a digital copy of your new certificate from your member profile with new dates of active certification. If you would like a paper certificate mailed to you, please use CONTACT US to request. A small fee is charged for this service.

First Name for certificate * **Enter your First Name as you would like it to appear on your certificate.**

Middle Initial for certificate (if desired) **Enter your Middle Initial (if desired) as you would like it to appear on your certificate.**

Last Name for certificate * **Enter your Last Name as you would like it to appear on your certificate.**

How has the application experience been for you so far? * **Multiple choice; select the one that best describes your experience in completing this C-IAYT Recertification application:**
Very Easy
Manageable
Very Hard

Your comments: **Enter any feedback you may have regarding the C-IAYT Recertification process.**

Section 5: 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.**

Your application will be reviewed in the order it was received. If there is information missing from your application or profile, we will notify you and ask you to send the missing data. Please allow 60 days from your submission for

review.

If you have problems, use the [Contact Us](#) button on the top of the IAYT web page to reach assistance. We will be in touch as soon as possible.

Thank you!