

# Pranakriya Yoga Teacher Training

at Main Street Yoga

January - September, 2009

418 North Main Street Bloomington, Illinois 61701 (309) 829-9618 www.mainstreetyoga.com Main Street Yoga 418 North Main Street Bloomington, IL 61701 (309) 829-9618 www.mainstreetyoga.com



# 200 Hour Pranakriya Yoga Teacher Training

# **About Pranakriya Yoga:**

Pranakriya Yoga is an approach to Hatha Yoga based on the Tantric teachings of Swami Kripalu, an ascetic monk who practiced yoga ten hours each day for over 30 years. Through his practices he gained a thorough understanding of all aspects of yoga. His teachings have been adapted for western students as Kripalu Yoga, developed by Amrit Desai; and as Pranakriya Yoga, developed by Yoganand Michael Carroll.

Pranakriya Yoga is founded on the principle that all yoga practices were originally meant to do the following:

Cultivate inner awareness and sensitivity

Raise energy

Strengthen the body/mind container

Dissolve the sense of self into universal consciousness

When asana and pranayama are practiced with these intentions they become powerful tools for self-transformation.

#### **Training Description:**

The Pranakriya Yoga Teacher Training program is for yoga practitioners who have a love for yoga born out of practice. We help these practitioners develop the skills needed to share yoga with students as professional teachers.

Your students must meet the following requirements to take our program:

- 1.) At least two years of yoga practice with at least six months of classes with a certified instructor.
- 2.) The ability to demonstrate an experiential understanding of yoga practice and its benefits. The training is taught in nine intensive weekends, and class size is limited to 20 students.

This format supports students having time to integrate the material, complete homework, and prepare for assigned practice teach sessions. A cap of 20 students is conducive to an interactive student/teacher relationship.

In the first half of the program students will learn an effective methodology for teaching postures and pranayamas (breathing exercises). They will learn 25 postures and five pranayamas that are appropriate for beginning level students. In the second half of the program they will learn to

design and lead three kinds of classes: a vinyasa workout class, a meditative posture class, and a gentle stretch class. Our graduating teachers are prepared to teach in a variety of settings.

All sessions of each weekend must be attended and full participation in each session is required.

## Class Outline and Format (200 hours) (35% lecture, 65% experiential)

- History of yoga
- Yoga philosophy
- History of Kripalu and Pranakriya Yoga
- Yoga Lifestyle: Yama and Niyamas
- Leading and sequencing a class including language, visualization and hands-on assisting
- Teaching postures (25 postures plus the sun salutation are covered)
- Leading and encouraging body awareness
- Leading Pranakriya Yoga classes
- Designing Pranakriya Yoga classes
- Leading opening and closing centering and meditations
- Leading pranayama: yogic breathing techniques
- Leading warm-ups
- Leading relaxation and shavasana
- Anatomy and physiology
- Marketing

#### Certification

Course provides participants with a Yoga Alliance approved 200 hour basic yoga training.

Cost: \$2,900

\$700 down payment at the time of acceptance the rest is due on the first day of class.

Make checks payable to: Main Street Yoga

Refund Policy: The student can withdraw from the program at any time. If the student decides he/she cannot complete the 9-weekend program, the student may request a refund from the Program Director at Main Street Yoga. The amount refunded is based on the date of when the student requests the refund; not on how many hours the student has attended. The refund amount is given according to the following schedule: before the first weekend, 100%, before the second weekend, 70%, before the third weekend, 50%, before the fourth weekend, 25%. There are no refunds given after the fourth weekend. Amounts given do not include the \$200 non-refundable administrative fee.



Introducing our "Pranakriya Yoga" Teacher Trainer
Jacci Reynolds M.S., ERYT

Yoga is a practice that affects every aspect of Jacci's life both on and off the mat. A 500-hour Kripalu instructor and 200-hour E-RYT, Jacci has been practicing yoga since 1997 and teaching since 2001. An instructor of many modalities during adulthood, her yoga practice is what has brought her the greatest sense of aliveness in her body and life. Amazed and inspired by the changes yoga brings to the body, mind and spirit, Jacci traveled to the Kripalu Center for Yoga and Health to complete her 200 hour training. She also completed her 500 hours with Kripalu and continues to train with her teacher Yoganand Michael Carroll, in the Pranakriya<sup>TM</sup> tradition. Jacci is the prior owner/operator of Crofton Yoga in Crofton, MD and is currently a Director of the Pranakriya<sup>TM</sup> 200-hour Yoga Teacher Training Program. She also directs the Prenatal Teacher Training Certification program for Pranakriya<sup>TM</sup> Yoga. Jacci is dedicated to creating an environment of compassion, permission, acceptance and patience guiding each person in the experience of being present in their practice and their life. She brings a strong sense of self and humor to her teaching. Jacci also has a Masters of Health Science from The George Washington University.



# Pranakriya™ Yoga Teacher Basic Certification Criteria

#### **Certification Criteria:**

This course is intended to result in your certification as a Basic Level Yoga Teacher in the Pranakriya<sup>TM</sup> tradition. Certified yoga teachers must possess the skills necessary to safely and competently teach yoga. Although the majority of students who complete this program are certified, we reserve the right to withhold certification from any student who fails to develop the skills necessary to competently teach Pranakriya<sup>TM</sup> yoga.

Every attempt will be made to provide input throughout the program about teaching deficits that might impede certification. If it is determined that a student has not successfully met the certification requirements, they will meet with the program director who will determine with them the appropriate steps needed to complete certification. This may include the need to work with a certified teacher after the program at the student's expense. In most cases this process takes three to six months. If the student cannot show the necessary skills after one year of work, certification cannot be obtained without repeating the program.

The following criteria will be used to determine eligibility for certification:

- 1) We require 100% attendance for all sessions. If you must miss any session please contact Main Street Yoga before the program starts. For situations that arise during the training, contact the director as soon as possible to explore possibilities. Missed sessions must be made up before the program ends at the student's expense.
- 2) All homework assignments must be done as assigned.
- 3) All students must participate fully in all exercises and practice teach sessions in the program. The practice teach sessions are opportunities to cultivate teaching skills. They are also opportunities for the program director to ascertain students' progress and ability to safely lead and teach yoga.
- 4) Students are also required to purchase the book Anatomy of Movement, by Blandine Calais-Germain, Eastland Press.

If you have any questions about our certification criteria, contact Debra Risberg at 309-829-9618. Pranakriya™ Yoga Basic 200hr Certification Program Application Form

Please provide all the information requested below. Use as much paper as necessary. Submit only completed applications, and please attach a portrait photo to your application. This photo is for our records only and is not part of our screening process. Please mail your completed application to: Main Street Yoga (YTT), 418 N. Main Street, Bloomington, IL 61701,

Attention: Debra Risberg

# Pranakriya Yoga Teacher Training Application Form Main Street Yoga Bloomington, Illinois

| Name:   |  |            |             |                  |                             |
|---|--|------------|-------------|------------------|-----------------------------|
| Address:  |  |            |             |                  |                             |
| Phone:  |  |            |             |                  | -                           |
| E-mail:   |  |            |             |                  |                             |
| Occupation:   |  |            |             |                  | -                           |
| How long have you been pra                                    | acticing \   | Yoga?* _   |             |                  |                             |
| Have you practiced with a te                                  | eacher?  | Yes        | _ No        |                  |                             |
| Teacher's Name:   |  |            |             | _                |                             |
| Teacher's Style:  |  |            |             | _                |                             |
| Do you have a personal pract                                  | ctice?   | Yes        | _ No        | _ If yes, descri | ibe                         |
| Please list any Yoga worksh names.                            | ops or tr  | anning uia | it you nave | taken. I lease   | give dates and instructors  |
| Are you currently teaching y                                  | yoga?  |            |             |                  |                             |
|   | Number of classes/week  How long have you been teaching? |            |             |                  |                             |
| Health Information:<br>(If you answer "yes" to any            | of the fo  | llowing q  | uestions p  | lease describe   | fully on a separate sheet.) |
| Are you currently under ror psychological condition Yes:, No: |  | reatment   | for any ph  | ysical           |                             |

| 2) Have you ever been hospitalized for a p   |            |            |           |           |                  |  |
|--|------------|------------|-----------|-----------|------------------|--|
| 3) Do you have any chronic physical limit  |            |            |           |           |                  |  |
| 4) Do you have any communicable disease  |            |            |           | o:        |                  |  |
| 5) Are you in recovery from a drug or alco   |            | ldiction a | nd if     |           |                  |  |
| so, for how long? Yes:, No:<br>6) Weekly alcohol consumption? Yes:                 |            | No         |           |           |                  |  |
| 7) Non-prescription drug use? Yes:   | ':<br>•    | , No       | _         |           |                  |  |
| 7) Non prescription drug use.  | ·:         | , 110      | _         |           |                  |  |
|  |            |            |           |           |                  |  |
|  |            |            |           |           |                  |  |
|  |            |            |           |           |                  |  |
| Write complete answers to the following  | g aues     | tions:     |           |           |                  |  |
| 1  | <i>8</i> 1 |            |           |           |                  |  |
| 1) Describe your personal practice; specifically asana, pranayama, and meditation. |            |            |           |           |                  |  |
| 2) What does yoga mean to you?   |            |            |           |           |                  |  |
| 3) How has your relationship with yoga ev  |            | over time  | ?         |           |                  |  |
| 4) Why do you want to be a yoga teacher?   | ?          |            |           |           |                  |  |
| Emergency Contact information:   |            |            |           |           |                  |  |
| Please provide us with all the information   | ı vou w    | ould wan   | t us to p | ass on to | an emergency re- |  |
| sponse person if you were seriously injured or became ill.                         |            |            |           |           |                  |  |
|  |            |            |           |           |                  |  |
|  |            |            |           |           |                  |  |
|  |            |            |           |           |                  |  |
|  |            |            |           |           |                  |  |
| Who should we contact in case of an emer   | rgency     | ?          |           |           |                  |  |
|  |            |            |           |           |                  |  |
| Name:  |            |            |           |           |                  |  |
| Phone:   |            |            |           |           |                  |  |
| Address:   |            |            |           |           |                  |  |
| Relationship:  |            |            |           |           |                  |  |
| Refund Policy  |            |            |           |           |                  |  |

The student can withdraw from the program at any time. If the student decides he/she cannot complete the 9-weekend program, the student may request a refund from the Program Director at Crofton Yoga. The amount refunded is based on the date of when the student requests the refund; not on how many hours the student has attended. The refund amount is given according to the following schedule: before the first weekend, 100%, before the second weekend, 70%, before the third weekend, 50%, before the fourth weekend, 25%. There are no refunds given after the fourth weekend. Amounts given do not include the \$200 non-refundable administrative fee.

## **Disclosure and Acceptance:**

Main Street Yoga will rely on the answers in this application to make an informed decision regarding your participation in our program. Accordingly, I hereby affirm that the above information is to the best of my knowledge true and complete. I understand that providing false information is grounds for rejecting my application, being requested to leave the program, or having my certification revoked. If I am required to leave the program because of a misrepresentation on this application, no tuition will be refunded. If I leave the program before completion, paid tuition will be refunded as stated above.

| therein. I understand that my failure to meet the criteria will result in my not being certified as a |  |  |  |  |  |
|---|--|--|--|--|--|
| Pranakriya™ Yoga teacher.   |  |  |  |  |  |
|   |  |  |  |  |  |
| Signature:  | Date:  |  |  |  |  |
|   |  |  |  |  |  |
| Send application to:  |  |  |  |  |  |
| Main Street Yoga (YTT), 418 N. Main Stree   | t, Bloomington, IL 61701, Attention: Debra Risberg |  |  |  |  |

I have carefully read the program participation criteria, requirements, and agreements expressed

# Pranakriya Yoga Teachers Training Schedule - 2009

January 23-25

February 20-22

March 6-8

April 3-5

May 1-3

June 12-14

July 10-12

August 7-9

September 11-13

Extra weekend in case of cancellation – October 2-4