Thank you for your interest in the Cardiac Yoga® Teacher Training Program. This comprehensive training program is designed to educate and train yoga teachers and medical personnel to work with cardiac patients and their spouses in the area of yoga, mindfulness, guided imagery and other healing modalities. Participants in this program learn to adapt the basic concepts of yoga and mindfulness to the special needs of the cardiac patient. This training program covers the following areas:

1) Education in the anatomy and physiology of the heart, risk factors, contraindications, and an overview of diagnostic & treatment procedures,
2) Training in the adaptation of yoga postures, breathing techniques, deep relaxation, and guided imagery for cardiac patients,
3) Education in the philosophy and principles of yoga as a mechanism for healing,
4) Training on how to design and implement a Cardiac Yoga class,
5) Education in mind-body medicine and in the psycho-social aspects of heart disease.

Attached herein is an informational sheet and an application for the Cardiac Yoga Teacher Training program. Please fill out the application completely and return it along with your $35.00 application fee to the address listed herein. After we receive your application you will be notified by email regarding your acceptance into the program. Once you receive your acceptance notice we will need to receive your full tuition payment in order to secure your place in the training program. The Cardiac Yoga Teacher Training Manual, study guide, travel information, and logistics will be sent to you upon receipt of your tuition payment of $1325.00. Please note that there is limited enrollment in the 6-day condensed programs so please register early. If you have any questions regarding this process please do not hesitate to email or call. Thank you again for your interest in the Cardiac Yoga Teacher Training Program. We look forward to hearing from you.

Kindest regards,

M. Mala Cunningham, Ph.D.
Founder & Director – Cardiac Yoga Training
President – Positive Health Solutions
CARDIAC YOGA TEACHER TRAINING APPLICATION

PLEASE PRINT

Name___________________________________________________________
Address_________________________________________________________
City_________________________________State_________Zip____________
Phone  (H)____________________________(W)________________________
Email___________________________________________________________
Employed by:  ____________________________________________________
Business Address__________________________________________________
Occupation_______________________________________________________
Age_______Sex________Marital Status______ SS#______________________

Date of the Training Program you are applying for:________________________

1. Where & when did you receive your yoga teacher certification (not necessary for admission into the program; some yoga experience is necessary)?

2. How long have you been teaching or taking yoga classes? Are you currently teaching, if so, where?

3. What will you do with this training? What is your interest in Cardiac Yoga?

4. Do you have a regular yoga, meditation, or spiritual practice? Please describe.

5. Briefly describe your personal and professional background that has influenced you to apply to this Cardiac Yoga Teacher Training program.

6. How did you hear about the Cardiac Yoga Teacher Training Program?

RETURN BOTH PAGES OF APPLICATION & $35.00 FEE TO:

M. Cunningham, Ph.D., 1110 Rosehill Dr. Suite 100, Charlottesville, VA. 22903 Phone: 434/296-7100 Email: info@cardiacyoga.com
HEALTH RECORD

Please complete this form and return it with your application.

Have you ever had:                  Have you recently had or now have:

- Measles:        _____yes   _____no
- Mumps:          _____yes   _____no
- Smallpox:       _____yes   _____no
- Rheumatic Fever: _____yes   _____no
- Pleurisy:       _____yes   _____no
- Bronchitis:     _____yes   _____no
- Pneumonia:      _____yes   _____no
- Tuberculosis:   _____yes   _____no
- Hepatitis:      _____yes   _____no
- Mononucleosis:  _____yes   _____no
- Typhoid Fever:  _____yes   _____no
- Epilepsy:       _____yes   _____no
- Hernia:         _____yes   _____no
- Dermatitis:     _____yes   _____no
- Stomach Ulcer:  _____yes   _____no
- Kidney trouble: _____yes   _____no
- Diabetes:       _____yes   _____no
- Frequent headaches:  _____yes   _____no
- Frequent colds:  _____yes   _____no
- Frequent sore throats: _____yes   _____no
- Earaches:       _____yes   _____no
- Chronic cough:  _____yes   _____no
- Blood spitting:  _____yes   _____no
- Shortness of Breath:  _____yes   _____no
- Heart Trouble:  _____yes   _____no
- Frequent indigestion:  _____yes   _____no
- Difficulty w/urination:  _____yes   _____no
- Backache:       _____yes   _____no
- Fainting Spells: _____yes   _____no
- HIV:            _____yes   _____no
- Any other infectious disease?:  _____yes   _____no
- Please describe:

Any Other Medical Conditions?: _______________________________________________________

Please list all medications (including psychiatric meds) you are currently taking and reason for taking them:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Have you ever been hospitalized?  _____yes   _____no  Clinic?  _____yes   _____no
Hospital_________________________Disease__________________________Year_________
Hospital_________________________Disease__________________________Year_________
Hospital_________________________Disease__________________________Year_________

Have you ever had a serious injury?  _____yes   _____no  If yes, specify_____________________
_________________________________________________________________________________

Have you ever been hospitalized for a mental/emotional problem? Please indicate dates & issue.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Are you currently seeing someone for psychotherapy / counseling?  _____yes   _____no. If yes, pls. state reason:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Emergency Contact Person:
Name____________________________________Relationship___________________________
Address______________________________________________________________
Phone(h)________________________________________(w)_____________________

AGREEMENT

I am voluntarily applying for participation in the Cardiac Yoga Teacher Training program. I warrant and represent that I am in good health and have no physical illnesses or disabilities except as indicated above. I agree to assume responsibility for all injuries or damages that may occur to me. I agree to abide by all ethical and professional standards of conduct.
Signature____________________________________Date_________________________
CARDIAC YOGA TEACHER TRAINING PROGRAM INFORMATION

1. Course: This course is a 6-day non-residential program. Since it is a 6-day condensed program, the daily schedule is full with lectures and clinic interspersed throughout the day and some evenings. Meditation and yoga practice times, and lunch / dinner breaks are also part of the daily schedule. The curriculum covers: 1) instruction in the modification of postures, breathing, guided imagery and meditation for heart patients, 2) contraindications of yoga for heart patients, 3) anatomy and physiology of the heart, 4) heart disease risk factors and the effects of heart medications on doing yoga, 5) an understanding of mind-body medicine, 6) psychosocial aspects of heart disease, 7) stress and heart disease, 8) instruction in basic communication skills and how to run a support group for heart patients, 9) how to market cardiac yoga to hospitals and clinics, and 10) a possible site visit to the Univ. of Va. Heart Center.

2. Pre & Post Course Requirements: You do not have to be a certified yoga instructor to apply for the training. If you are in the medical field (and not a yoga teacher) we request that you take at least 3-6 months of yoga classes before admission to the program. Students are also encouraged to obtain CPR prior to the start of the course. You can contact your local hospital or American Heart Association for information on classes. Studying is required before arrival. Post-course requirements include documented teaching experiences and journaling.

3. CEU / Yoga Alliance Credits: This course has been approved for Nursing Contact Hours by the Virginia Nurses Association, who is accredited by the American Nurses Credentialing Center. Nursing contact hours are generally recognized by other Health Care Professional disciplines such as exercise physiologists, physicians, etc. Yoga Alliance hours are also available toward the 500 hour credentialing process. Available: 84 CEU credits; 70 Yoga Alliance Credits.

4. Certification: Students must pass both competency tests in order to receive certification in Cardiac Yoga. Students will be given several opportunities to pass the competency tests. The study guides and manual are sent out in advance of the course and students should review and study the material prior to the start of the course. We encourage early registration due to limited enrollment and due to pre-course study requirements.

5. Location: The training is held at the beautiful English Inn in Charlottesville, Va. (phone: 434-971-9900). Room rates are discounted to approx. $86.00 per night – please ask for the Cardiac Yoga Group when making reservations. Room sharing is possible with other students. Participants are given a restaurant list for ease of securing meals during your stay. There are many healthy and interesting restaurants within easy walking distance of the English Inn. The 6-day program is a non-residential course and your fee ($1325.00) covers your tuition, diploma, certification, CEU’s, and training materials. It does not cover travel or room and board.

6) Registration Policy: The 6-day condensed program has limited enrollment so please register early. Even if you have received an acceptance notice into the program, your place is not secure until your full tuition is paid. Refund Policy: If you cancel 40-60 days prior to the start of the program you receive a full refund minus $35.00 application fee and a $50.00 administrative fee. If you cancel 30-39 days prior to the start you receive a full refund minus $350.00. If you cancel 15-29 days before the start of the program you will receive a refund minus 50% of the total program fee. No refund is possible after the start of the program.

7) Travel: United, USAir, Delta and NW Airlines all fly into Charlottesville, Va. – which is CHO.

8) To apply, return your application form with a $35.00 application fee to: M. Mala Cunningham, Ph.D., 1110 Rose Hill Dr. Suite 100, Charlottesville, VA. 22903. Thank you for your interest in the Cardiac Yoga Program. We look forward to having you in the program.