

# Certification Application



Mail your application to: Volar Pilates, 1841 Broadway, Suite 500, New York, NY 10023 U.S.A. Or fax to: 212-581-2344

## CONTACT INFORMATION

Name \_\_\_\_\_ Company name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_ Zip/postal code \_\_\_\_\_ Country \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail address \_\_\_\_\_

## PREREQUISITES

Three years teaching experience in dance, movement, and/or group fitness, a strong background in functional anatomy and familiarity with the repertoire. If you do not meet the prerequisites, please call the certification director at the above address and phone number.

## COURSE REGISTRATION

Applications must be accompanied by 2 letters of reference and a deposit of \$300 for all the intensive courses and full payment is expected for all the advanced courses. Space is limited and applications will be processed on a first-come-first-served basis. **Space will ONLY be reserved upon the receipt of all application materials and deposit.**

**Prices are subject to change without notice.** Fees for courses and workshops do not include required course materials or applicable taxes. Course fees are due 2 weeks before course start date. **Deposits and course fees are non-refundable. Deposits are non-transferable.** For full details on our registration and cancellation policy visit [www.stottpilates.com/certifications/cancelpolicy.html](http://www.stottpilates.com/certifications/cancelpolicy.html) or contact Volar Pilates directly.

## COMPREHENSIVE PROGRAM

- CMR** Mat & Reformer – 90 hours + 60 hrs apprenticeship
- CCCB** Cadillac, Chair and Barrels – 50 hours + 40 hrs apprenticeship
- ISP** Injuries & Special Populations – 24 hours
- AMP, AR, ACCB** Advanced Repertoire – 36 hours
- FULL** [CMR, CCCB, ISP, AMP, AR, ACCB] – 7 month program + 100 hrs apprenticeship

## INTENSIVE PROGRAM

- IMP** Mat-Plus – 40 hours
- AMP** Advanced Matwork Repertoire – 6 hours
- IR** Reformer – 50 hours
- AR** Advanced Reformer Repertoire – 18 hours
- ICCB** Cadillac, Chair and Barrels – 50 hours
- ACCB** Advanced CC&B Repertoire – 12 hours
- ISP** Injuries & Special Populations – 24 hours

## REHABILITATION PROGRAM

- RMR1** Lumbar & Shoulder Girdle Stabilization on Mat & Reformer – 24 hours
- RMR2** Peripheral Joint Rehabilitation on Mat & Reformer – 24 hours
- RCCB1** Lumbar & Shoulder Stabilization on Cadillac, Chair & Barrels – 24 hours
- RCCB2** Peripheral Joint Rehabilitation on Cadillac, Chair & Barrels – 24 hours

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**START DATE(S) REQUESTED see attached fee and course schedule** \_\_\_\_\_.

## PAYMENT METHOD

Deposit only    Full payment    MasterCard    VISA    Check    Money Order

Check # \_\_\_\_\_ (your spot will not be confirmed until check is received)

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_ - \_\_\_\_

Name on card: \_\_\_\_\_.

Billing Address on Card: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_.

Please charge my credit card when payment is due    Do not charge my credit card, I will have payment sent by due date

## CERTIFICATION APPLICATION

**Mail your application to:** Volar Pilates 1841 Broadway, Suite 500, New York, NY 10023 U.S.A.

**Or fax:** 212-581-2344   Attn: STOTT CERTIFICATION

## CHARACTER REFERENCES

This application must be accompanied by two letters of references. Letters should reflect course prerequisites, your teaching abilities and character. Please send signed and dated letters to Volar Pilates. These letters may not be e-mailed.

## RELEVANT EDUCATION

Please list related degrees, diplomas, post secondary or certificate courses and workshops \_\_\_\_\_.

Describe anatomy education (musculoskeletal / biomechanics)  college / university course    workshop / other  
(include number of hours, when/where you studied) \_\_\_\_\_.

List related certification (eg. ACE, AFAA etc. please specify) \_\_\_\_\_.

## RELEVANT EXPERIENCE

Outline your teaching experience (describe subject taught / years teaching) \_\_\_\_\_.

Describe your personal experience in dance, fitness or other body work (how many years / how recently) \_\_\_\_\_.

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Have you been attending pilates (Stott or other) mat or reformer classes or private sessions? With who? Where? For how long?  none  1-10 hours  10-30 hours  30+ hours

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## PERSONAL AND MEDICAL INFORMATION

Do you have any injuries, conditions (including current / recent pregnancy) or postural issues that may affect your performance during the course? *(Note: Medical clearance may be required. Applicants with current or recent pregnancy or surgeries within 8 weeks of the start date of any course will not be accepted into the certification program at this time for safety reasons)*

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How did you hear about STOTT PILATES / STOTT EDUCATION? \_\_\_\_\_

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Why are you interested in becoming a STOTT PILATES certified instructor? \_\_\_\_\_

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How do you plan to use your certification (how will you be applying your knowledge)? \_\_\_\_\_

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Are you using this course to fulfill continuing education credits?  yes  no

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## **VOLAR PILATES TERMS AND POLICIES**

In the event that Volar Pilates has to cancel a course due to insufficient enrollment, you will receive a full refund.

If final payment is not received by the due date, your credit card will be automatically charged unless you have made prior arrangements with the certification department. If you are paying by check, your check must be received 2 weeks prior to the start date of the course unless prior arrangements have been made or a \$50 late fee will be implemented.

Volar Pilates reserves the right to refuse any applicant. It is suggested to register early.

Within 2-4 weeks out from course start date, Volar Pilates retains the right to reschedule or cancel a course if there is not enough interest.

If paying by check, a \$20 NSF fee will be applied in the event that the check bounces. If you pay by credit card and the card cannot be processed there will be a \$10 fee added to your final payment.

**Cancellation Policy:** If you cancel three weeks or more prior to course start date, tuition is transferred to a future education course or workshop of your choice, *less* the non-refundable, non-transferable deposit. Less than three weeks notice makes payment non-refundable and non-transferable.

No cash refunds or credit card refunds once payment is received. Prices are subject to change without notice.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **PLEASE MAIL, E-MAIL, OR FAX YOUR CERTIFICATION APPLICATION**

**Volar Pilates 1841 Broadway, Suite 500, New York, NY 10023 U.S.A.**

**Phone:** 212-581-8151 **Fax:** 212-581-2344 **Toll-free line:** 1-800-71-VOLAR  
1-800-718-6527

**email:** [certifications@volarpilates.com](mailto:certifications@volarpilates.com) **website:** [www.volarpilates.com](http://www.volarpilates.com)

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