

Pilates Therapeutics® Specialization Program Application

Contact Information

Name:

Name of business:

E-mail address:

Physical Mailing Address:

Telephone contact:

Web address:

Name of Organization and Years since Pilates/Other Certification:

Please list major continuing education influences you've experienced:

Years of Teaching experience:

Other certifications/licenses: are they current?

Which Program(s) are you applying for? Reason for interest in the Program(s)? Please write a short description of your practice and say what you'd like to achieve from the Specialization Program(s).

PILATES THERAPEUTICS®
Illuminate | Motivate | Alleviate