

YogaNZ Registered Therapist   
Membership Curriculum Mapping Document

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document is for the purposes of mapping the qualifications and experience you hold to the YogaNZ Educational Standards for Yoga Therapists, so as to register you with YogaNZ.

Please map your qualifications by completing the relevant hours and summaries of subjects covered for each of the sections, with references to your supporting documentation.

Case Studies submission requirements

| **Curriculum Area**  **Yoga Foundations**  Yoga Teachings and Philosophy (35 hours) Yoga and the Mind (35 hours) Yogic Framework for Health and Disease (50 hours) | **Contact**  **Hours** | **Non -**  **Contact**  **Hours** | **Summary of subjects completed.** | **Documentation reference (to your own supporting documentation).** |
| --- | --- | --- | --- | --- |
| **Biomedical and psychological Foundations**  Anatomy and Physiology (75 hours) Additional Biomedical Knowledge (20 hours) Psychology and Mental Health (45 hours) Additional knowledge (15 hours) Body Mind Integration (15 hours) |  |  |  |  |

| **Curriculum Area**  **Yoga Therapy tools and therapeutic skills**  Yoga Therapy Tools (75 hours) Basic Principles of the Therapeutic Relationship (35 hours) Principles and Skills for Educating Clients/Students (60 hours) Principles and Skills for Working with Groups (15 hours) | **Contact**  **Hours** | **Non -**  **Contact**  **Hours** | **Summary of subjects completed.** | **Documentation reference (to your own supporting documentation).** |
| --- | --- | --- | --- | --- |
| **Professional Practice**  Ethical Principles (10 hours) Legal, Regulatory, and Business Issues Pertaining to Yoga Therapy (5 hours) Relationships with Peers, Mentors, Clinicians, and Organisations (5 hours) Personal and Professional Development and Continuing Education (5 hours) |  |  |  |  |

I confirm the information supplied is true and accurate.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_