

## Post Graduate Program Application



Please complete all appropriate fields below.

First name:	<input type="text"/>
Last name:	<input type="text"/>
Birth date:	<input type="text"/>
Street address:	<input type="text"/>
City, State/Province:	<input type="text"/>
ZIP/Postal code, Country:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>

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Please list previous training program(s) completed and dates of completion:

How many hours was your previous training? Was it comprehensive; i.e. Reformer, Cadillac, Mat, Low Chair, Miscellaneous, Barrels, etc.?

How long have you been teaching Pilates?

Are you PMA Certified?

Yes  No

Have you taught Pilates in the last six months?

Yes  No

How did you hear about this program?



Is there a subject of particular interest that you would like to explore in this program?

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**The Pilates Center is required by the Colorado Division of Private Occupational Schools to ask the following.**

Student demographics:

Race/Ethnicity

- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander
- Asian
- Two or more races
- Hispanic or Latino
- Other/Unknown

Gender

- Female
- Male
- Other/Unknown

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Please send a copy of your Certificate of Completion to [kelli@thepilatescenter.com](mailto:kelli@thepilatescenter.com) to finalize the application.

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X \_\_\_\_\_



# Signature Certificate

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## Audit

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