## A brown letter on a white background AI-generated content may be incorrect.

## Pilates Teacher Certification Program Application

Thank you for your interest in the Zoeli Pilates Teacher Certification Program. This is a comprehensive certification program designed to prepare you for a professional career in Pilates. Students have a maximum of one year to complete the program.  
  
Along with tuition, all students are required to complete 50 private or semi-private sessions at the discounted student rate and 30 group classes. Please note that this program is non-refundable.  
  
Incomplete applications may not be considered.

### PERSONAL INFORMATION

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_

### EDUCATIONAL BACKGROUND

Highest Level of Education Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relevant Certifications (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### PROFESSIONAL EXPERIENCE

Do you have any prior experience in Pilates? (Y/N) \_\_\_\_\_\_

If yes, please describe your experience, including years of practice and any prior training:

Do you have any teaching experience (Pilates or other)? (Y/N) \_\_\_\_\_\_

If yes, please describe:

### PROGRAM INTEREST

Why do you want to become a certified Pilates teacher?

What are your career goals related to Pilates and wellness?

### AVAILABILITY

Preferred Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to be in the studio a minimum of 12 hrs per week to complete the required 600 hrs. ? (Y/N) \_\_\_\_\_\_

Do you have any scheduling conflicts that may affect your participation? (If yes, please explain)

Are you able to complete the 50 private/semi-private lessons and 30 group classes?  
(Y/N) \_\_\_\_\_\_

### HEALTH & FITNESS BACKGROUND

Do you have any medical conditions, physical limitations, or injuries that may affect your training? (Y/N) \_\_\_\_\_\_

If yes, please describe:

### REFERENCES

Please provide at least one professional or personal reference who can speak to your commitment and suitability for this program.

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### AGREEMENT & SIGNATURE

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that acceptance into the Zoeli Pilates Teacher Certification Program is subject to review and approval.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

### SUBMISSION INSTRUCTIONS

Please submit this completed application along with any additional required documents to:

📧 Email: info@zoelipilates.com

📬 Mail: 1515 E Las Olas Blvd, Fort Lauderdale FL 33301

📞 Phone: 754-215-1647