



STOTT PILATES®  
an american company

STOTT PILATES® CERTIFICATION COURSE APPLICATION

SUBMIT your application to: Center Pose, Inc. d/b/a Pilates South Texas, 5151 Katy Freeway, Suite 140, Houston, Texas 77007  
 T: 713.861.6770 F: 713.861.6775 http://www.pilatessouthtexas.com

CONTACT INFORMATION

First Name:		Last Name:	
Company Name (if applicable):			
Address:			
City:	Prov. / State:	Country:	Postal / Zip Code:
Phone (Home):		Phone (Mobile):	
E-mail #1:		E-mail #2:	

CERTIFICATION COURSE REGISTRATION

Applications must be accompanied by two letters of reference and a \$200 deposit. 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 \$200 deposit.**  
**Prices are subject to change without notice.** Fees for courses and workshops do not include required course materials or applicable taxes. **The \$200 deposit is non-transferable and non-refundable; this deposit secures a place in the Course until the balance of the course payment is received.**  
**REFUND/CANCELLATION POLICY FOR LEVEL 1 TRAINING COURSES:**  
 No refunds or transfers 7 days prior to the Training Course start date. Course refunds will be the full amount paid by client for the course(s) less \$200.  
**REFUND/CANCELLATION POLICY FOR LEVEL 2 TRAINING COURSES:**  
 No refunds or transfers 7 days prior to the Training Course start date. Course refunds will be the full amount paid by client for the course(s) less 20%. Contact studio for full details on our registration and cancellation policies. Any applicable refunds will be issued within 30 days of the first course start date.

INTENSIVE & CROSSOVER PROGRAMS (Level 1)

ADVANCED PROGRAM (Level 2)

<input type="checkbox"/> <b>IMP: Intensive Mat-Plus™ (40 hrs)</b> \$1,000 Course, \$217.35 Materials: <b>Total: \$1, 217.35*</b> <i>(Additional Fees for Recommended Resource Materials: Inquire with Studio)</i> <u>Prerequisites:</u> <input type="checkbox"/> Anatomy Review \$100 & <input type="checkbox"/> Postural Analysis Review \$100 ► Working knowledge of functional anatomy ► 30 hours Pilates classes ► Three-plus years teaching movement or fitness  <input type="checkbox"/> <b>XMG: Crossover from IMP to Group Mat Training (6 hrs)</b> \$200 Course, \$0 Materials: <b>Total: \$200*</b> <u>Prerequisites:</u> ► IMP	<input type="checkbox"/> <b>AM: Advanced MatWork (6 hrs)</b> \$200 Course, \$46.49 Materials: <b>Total: \$246.49*</b> <u>Prerequisites:</u> ► IMP
<input type="checkbox"/> <b>IR: Intensive Reformer (50 hrs)</b> \$1,500 Course, \$244.54 Materials: <b>Total: \$1,744.54*</b> <i>(If have not taken IMP: MatWork &amp; Reformer Support Materials required: \$27.06          (Additional Fees for Recommended Resource Materials: Inquire with Studio)</i> <u>Prerequisites:</u> <input type="checkbox"/> Anatomy Review \$100 & <input type="checkbox"/> Postural Analysis Review \$100 ► Working knowledge of functional anatomy ► 30 hours Pilates classes ► Three-plus years teaching movement or fitness  <input type="checkbox"/> <b>XRG: Crossover from IR to Group Reformer Training (6 hrs)</b> \$200 Course, \$0 Required Materials: <b>Total: \$200*</b> <u>Prerequisites:</u> ► IR	<input type="checkbox"/> <b>AR: Advanced Reformer (18 hrs)</b> \$600 Course, \$138.51 Materials: <b>Total: \$738.51*</b> <u>Prerequisites:</u> ► IR
<input type="checkbox"/> <b>ICAD: Intensive Cadillac (25 hrs)</b> \$900 Course, \$287.85 Materials: <b>Total: \$1,187.85*</b> <input type="checkbox"/> <b>ICHR: Intensive Chair (15 hrs)</b> \$550 Course, \$181.75 Materials: <b>Total: \$731.75*</b> <input type="checkbox"/> <b>IBRL: Intensive Barrels (10 hrs)</b> \$400 Course, \$238.10 Materials: <b>Total: \$638.10*</b> <input type="checkbox"/> <b>ICCB: Intensive Cadillac, Chair and Barrels (50 hrs)</b> \$1,500 Course, \$707.70 Materials: <b>Total: \$2,207.70*</b> <u>Prerequisites:</u> ► IMP & IR  *All Required and Recommended Course Materials are available at Studio	<input type="checkbox"/> <b>ACAD: Advanced Cadillac (6 hrs)</b> \$200 Course, \$51.91 Materials: <b>Total: \$251.91*</b> <input type="checkbox"/> <b>ACHR: Advanced Chair (3 hrs)</b> \$150 Course, \$51.91 Materials: <b>Total: \$201.91*</b> <input type="checkbox"/> <b>ABRL: Advanced Barrels (3 hrs)</b> \$150 Course, \$0 Materials: <b>Total: \$150*</b> <input type="checkbox"/> <b>ACCB: Advanced Cadillac, Chair and Barrels (12 hrs)</b> \$450 Course, \$103.82 Materials: <b>Total: \$553.82*</b> <u>Prerequisites:</u> ► ICCB or ICAD, ICHR, IBRL (for respective advanced module)  <input type="checkbox"/> <b>ISP: Injuries &amp; Special Populations (24 hrs)</b> \$1,000 Course, \$423.53 Materials: <b>Total: \$1,423.53*</b> <u>Prerequisites:</u> ► IMP or IR



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COURSE TITLE(S) AND DATE(S) (see Course schedule)

**EDUCATION**

Please list related degrees and certificate courses (i.e. ACE, AFAA, NASM, PMA, etc) and/or submit a resume:

Describe anatomy education:

College / University Course       STOTT PILATES® Workshop       Other Method Workshop

(i.e. musculoskeletal, anatomy, biomechanics)

When: \_\_\_\_\_ Where: \_\_\_\_\_ Course/Workshop: \_\_\_\_\_

**EXPERIENCE**

Please list your teaching experience (describe subject taught / years teaching):

Please list your personal experience in dance, fitness or other body work (how many years / how recently):

Please list your Pilates experience (describe when & where, indicate STOTT PILATES® Method or other Pilates Method):

none       1- 10 hours       10 - 30 hours       30+ hours

When: \_\_\_\_\_ Where: \_\_\_\_\_ Method: \_\_\_\_\_

Tell Us Your Assessment	Excellent	Good	Satisfactory	Mediocre	Poor
Functional Anatomy Knowledge	5	4	3	2	1
Body Awareness	5	4	3	2	1
Fitness Level	5	4	3	2	1
Coordination	5	4	3	2	1
Follow Verbal Cue (Direction) Only	5	4	3	2	1

**PERSONAL INFORMATION**

Do you have any injuries, conditions (including current or recent pregnancy) or postural issues that may affect your performance during the course? (Medical clearance may be required).

How did you hear about STOTT PILATES® and STOTT PILATES® Education at Pilates South Texas?

How do you plan to use your STOTT PILATES® Certification?

Are you using this course to fulfill continuing education credits?

**Yes** If Yes, for which organization \_\_\_\_\_

STOTT PILATES® Certification Status?

**Mat, Level 1 or Level 1&2;**     **IR, Level 1 or Level 1&2;**     **Mat & IR, Level 1 or Level 1&2;**     **Mat, IR & CCB, Level 1 or Full**

**No** If No, what Certification Course(s) taken?

STOTT PILATES® Intensive Certification Course(s) Taken?  IMP;  IR;  ICAD;  ICHR;  IBRL  XMG;  XRG

STOTT PILATES® Advanced Certification Course(s) Taken?  AM;  AR;  ACAD;  ACHR;  ABRL;  ISP

Other Pilates Method (Trained and/or Certification) Status? \_\_\_\_\_



I hereby certify that the information provided on this application is accurate.  
I understand that failure to provide accurate information may result in my removal from the certification and/or workshop program.

I, *STOTT PILATES® Certification Course Applicant* have included the following:  
(Applications that do not fulfilled the below requirements will not be processed.)

**Two letters of reference** (required for first-time submission with Pilates South Texas)  
(Letters should reflect course prerequisites, your teaching abilities and character)

**Completion of a minimum 30 hours of Pilates Training**  
(Log sheet should denote *Pilates training method, date and location*)  
(The *STOTT PILATES®* training method is encouraged. Hours must be fulfilled by the end of the scheduled certification training course)

**Letter of completion of an accredited anatomy course and/or workshop**

**Or**

**Register for a STOTT PILATES® Anatomy Review Workshop, \$100 non-transferable and non-refundable registration fee for the workshop**  
(Must attend before or within 6 months of the scheduled applying certification training course)  
(Select a date from PST workshop listings and submit with your application)

**\$200 non-transferable and non-refundable deposit per certification training course**

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

**PAYMENT METHOD**

**Select one:**

Deposit only (Full payment is due 7 days prior to the Training Course start date)

Full payment

**Enter payment:**

\_\_\_\_\_ Payment amount

**Select one:**

Check, \_\_\_\_\_ Check #  Money order  Visa  MasterCard  American Express

(Check payable to *Center Pose, Inc.*)

Name on Card: \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **CVC Code:** \_\_\_\_\_

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

(I authorize *Center Pose, Inc., d/b/a Pilates South Texas* to charge the above account number for the payment indicated above)