Pilates SOUTH TEXAS

CERTICATION EDUCATION APPLICATION

E-mail application to: Center Pose, Inc. d/b/a Pilates South Texas, 3000 Weslayan St., Suite 111, Houston, Texas , 77027
T: 1.888.838.3664, ext. 2 **F:** 1.858.429.5869 **E-mail:** info@pilatessouthtexas.com **Website:** http://www.pilatessouthtexas.com

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **E-Mail:** _____

Referral(s): ☐ Pilates South Texas Website ☐ Merrithew™ Website ☐ or Social Media _____ ☐ or Friend | Colleague _____

Physical participation is required. Concerns acquired during education that impede physical participation will not exempt student from completing all required hours.
- List any injuries, conditions or postural concerns that you know may limit your performances during the education (Medical clearance submission with application as required).

_____

_____

STOTT PILATES® Education: INTENSIVE PROGRAMS (Level 1)
Education Date: _____

STOTT PILATES® Education: ADVANCED PROGRAMS (Level 2)
Education Date: _____

☐ **IMP -** Intensive Mat-Plus™ **(40 hrs); Fee: $1,947.74** includes materials **Prerequisites:** Desire to learn & integrate the biomechanical movements and sequencing	☐ **AM -** Advanced Mat **(6 hrs); Fee: $438.03** includes materials **Prerequisites:** IMP Course
☐ **IR -** Intensive Reformer **(50 hrs); Fee: $2,694.34** includes materials **Prerequisites:** Desire to learn & integrate the biomechanical movements and sequencing	☐ **AR -** Advanced Reformer **(18 hrs); Fee: $1,087.38** includes materials **Prerequisites:** IR Course
☐ **ICCB -** Intensive Cadillac, Chair & Barrels **(50 hrs); Fee: $2,738.72** includes materials ☐ **ICAD -** Intensive Cadillac Module **(25 hrs); Fee: $1,541.04** ☐ **ICHR -** Intensive Chair Module **(15 hrs); Fee: $895.31** ☐ **IBRL -** Intensive Barrels **(10 hrs); Fee: $815.21** **Prerequisites:** IMP Course or IR Course	☐ **ACCB -** Advanced Cadillac, Chair & Barrels **(12 hrs); Fee: $1,053.90** includes materials ☐ **ACAD -** Advanced Cadillac Module **(6 hrs); Fee: $587.36** ☐ **ACHR -** Advanced Chair Module **(3 hrs); Fee: $311.54** ☐ **ABRL -** Advanced Barrels **(3 hrs); Fee: $265.00** **Prerequisites:** ICCB or ICAD, ICHR, IBRL [for respective advanced module]
☐ **ISP -** Injuries & Special Populations **(24 hrs); Fee: $1,920.11** includes materials **Prerequisites:** IMP Course or IR Course	

EXAM PREPARATION RESOURCES Private and/or Group Study to elevate confidence in instructing and training (virtual or in-studio - weekly or bi-monthly sessions) Fee: Based on Service

☐ I want to register for **Functional Anatomy for Conscious Movement** Education (20 hours)

☐ I plan to register for **Practice Written Exam** (virtual or in-studio - 2 hours)
Answer 100 questions & review/clarify information

☐ I plan to schedule a **Practice Practical Exam** (virtual or in-studio - 1 ½ to 2 ½ hours)
Instruct an exam body & receive feedback/clarification of the program and instruction

☐ I would like to purchase a **Trail Guide to the Body Muscles Book, Andrew Biel**

☐ I would like to purchase a **Trail Guide to the Body Muscles Flashcards, Andrew Biel**

STOTT PILATES® CERTIFICATION EXAM: Achieve internationally recognized STOTT PILATES® Certification
Propose Practical Exam Date: _____ Propose Written Exam Date: _____ Fee: Based on Exam

I plan to take **Exam Repertoire**: ☐ **Mat** ☐ **Reformer** ☐ **Mat & Reformer** ☐ **Mat, Reformer, Cadillac, Chair & Barrels**

I plan to take **Exam Level**: ☐ **Level 1** ☐ **Level 2** ☐ **Level 1 & 2**

MERRITHEW™ Required Documenation & Pre-Course Remcommendations

☐ **STOTT PILATES® Letter(s) of Completion** for Education Course requiring prerequisites (I am submitting the letter(s) for confirmation that I completed the required prerequisites)

☐ **STOTT PILATES® Pre-Course Recommendations** (Upon registration, Pilates South Texas will email applicant the pre-course preparation)

☐ I will pick-up course materials before start date ☐ I will pay a shipping & handling fee for course materials delivery ☐ I will wait to receive course materials on start date

PAYMENT INFORMATION

Amount: _____ ☐ Check [payable to Center Pose, Inc.] or ☐ Visa ☐ MasterCard ☐ American Express

Credit Card #: _____ **Expire Date:** _____ **CVC Code:** _____

Name on Credit Card: _____ **Signature:** _____ **Date:** _____

My signature authorizes Center Pose, Inc., d/b/a Pilates South Texas to charge the above Credit Card for the payment indicated above.
REFUND POLICIES FOR ALL EDUCATION: Refund(s) will be processed in full payment if the registered education is not conducted.