



Pilates Teacher Certification Application

Verification of Training Form

You must provide verification of comprehensive Pilates teacher-training proficiency using as a basis, 450 hours of training on all apparatus and all levels of mat. Complete the Personal Information section of this form, sign the release of information attestation below, and forward this form as specified below.

To verify your training:

- If you completed your training with a single training provider, forward this form to the provider for signature.
- If you completed your training by transferring credits from one or more training courses to a final training program which has determined your comprehensive proficiency, forward this form to that final training provider for signature.

PERSONAL INFORMATION:

Last Name:

First name:

Middle Name:

Address: (address for correspondence with Castle Worldwide, INC)

City:

State/Province:

Zip/Postal
Code:

Country:

Contact Number: include country/city code

E-mail

Training Provider/School:

Dates attended:

I authorize the release of any and all pertinent information to Castle Worldwide concerning my current and/or previous training in Pilates and hereby release the training provider from all liability for any damage that may result from the use of such information.

Candidate's Signature: type name below

Date:

TRAINING PROVIDER INFORMATION:

The following section is to be completed by the training provider and returned to either the PMA or Castle Worldwide at the contacts listed below.

To submit completed application to Castle Worldwide, Inc.: Please choose only 1 method of submission (email, mail or fax)

Castle Worldwide
6001 Hospitality Ct.
Suite 100
Morrisville, NC 27560
Fax. 919-361-2426
pma@castleworldwide.com

Name of Pilates Certification Exam Candidate: The named individual below has demonstrated proficiency in comprehensive teacher training that reflects 450 hours of training or more.

Name of Training Provider/School

Years in Business:

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Contact Number:

Email:

ATTESTATION:

I hereby solemnly declare and affirm, under the penalties of perjury, that the facts and matters contained in the foregoing verification of training form are true and correct.

Signature: type name below

Date: