

**Appendix B**

**The New York Pilates Studio® Teacher Certification Program**  
**2006-2009**

**Student Bio**

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

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

Phone (day) \_\_\_\_\_ Evening \_\_\_\_\_ Cell: \_\_\_\_\_

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

Certification Center: \_\_\_\_\_

Prior Pilates Experience

Instructor's name: \_\_\_\_\_ phone: \_\_\_\_\_

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

Number of Sessions: \_\_\_\_\_ Name of Studio: \_\_\_\_\_

How frequently do you work out? Please summarize, and define the activities.

Have you any prior movement related background? If so explain.

Which pilates apparatus do you have experience with?

Total number of sessions in the past 6 months?