

Continuing Yoga Education Programme

Yoga Certification Board conducts assessment and offers certificates to qualified Yoga Professionals under various levels/ category. The certificates offered by the YCB are initially valid for 5 years for level 1 – Yoga Protocol Instructor and for all other levels, the certificate is valid for 3 years. The certified Yoga professional is required to get renewal of his/her certificate before its expiry.

Yoga Certificate Board conducts Continuing Yoga education Program (CYEP) for renewal of Certificates. CYEP aims at motivating the candidate in career growth of Yoga Professionals. CYEP includes 2 components:

- Assessment of candidates performance during the period of certification
- Orientation to strengthen the candidate's skill as Yoga Professional

The program is for 2-3 days. Certified Yoga Professionals shall have to attend atleast one of the programs for renewal of certificates before the expiry of the certificate by opting any of the following:

- Attending one CYEP program of 2 -3 days at Leading Yoga Institutions
- Participating in virtual CYEP through Vide Conference or virtual mode which shall include submitting the report on training of persons conducted alongwith supporting documents and appearing for exam before the Committee.

After the 1st CYE program the committee may recommend issuing the certificate to the candidate for life term or may recommend to attend 2nd CYEP before issuing the certificate for life term.

The certificate of the certified Yoga professionals who has not attended the CYEP will lose its validity after the validity period.

The candidates shall be sent renewal notice through telephonic message/ email at least 6 months prior to expiry of certificate validity period. The certified yoga Professional shall apply for CYEP along with the prescribed within 3 months prior to expiry of certificate validity period.

The schedule for CYEP shall be available on YCB website. The candidate shall have to select preferred venue for attending CYEP or the virtual mode for attending the CYEP.

The candidate shall submit all the requisite documents online at least 2 months before the due date of the CYEP. In absence of all the required documents, the marks awarded against the head shall be zero.

There shall be separate CYEP for each level.

The candidate has to secure atleast 70% marks in the CYEP assessment process for renewal of the certificate. After successfully completing the CYEP, the assessment team may recommend granting of certificate for fixed period or for life. Based on the performance of the candidate, assessment team may recommend the candidate to undertake another round of CYEP before granting the certificate for life.

The marks for assessment for renewal shall be in 3 parts:

Topic	CYEP	Virtual CYEP
Attending CYEP	50	30
Persons trained/ field experience	25	45
Written test/ demonstration or viva	25	25

Mark Distribution for CYEP

S. No	Topic	Maximum marks	Marking Criteria	Documents required																		
1	Attending CYEP	50	Attending all session of CYEP	Attendance sheet of all session of CYEP																		
2	Persons trained/ field experience	25	<p>The Yoga Professionals field experience in conducting training programme/ Yoga camps and the feedback received from the trainees/ organization.</p> <p>It can be in 3 forms</p> <ul style="list-style-type: none"> No. of persons trained or No. of camps organized or No. of years of experience in the file of Yoga <table border="1"> <thead> <tr> <th>No. of persons trained</th> <th>Marks</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0 marks</td> </tr> <tr> <td>1-25</td> <td>1-5 marks</td> </tr> <tr> <td>26-50</td> <td>6-10 marks</td> </tr> <tr> <td>51-100</td> <td>11- 15 marks</td> </tr> <tr> <td>101-200</td> <td>16-20 marks</td> </tr> <tr> <td>200 and above</td> <td>21-25 marks</td> </tr> </tbody> </table> <p>Working experience in Yoga with an organisation</p> <table border="1"> <thead> <tr> <th>Experience</th> <th>Marks</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0 marks</td> </tr> </tbody> </table>	No. of persons trained	Marks	0	0 marks	1-25	1-5 marks	26-50	6-10 marks	51-100	11- 15 marks	101-200	16-20 marks	200 and above	21-25 marks	Experience	Marks	0	0 marks	<ul style="list-style-type: none"> Name with phone no. of the persons trained. Feedback from 5% of the persons trained with minimum of 5 feedback forms and maximum of 50 forms. Experience letter from the organizations Letter from competent authority certifying that the concern person has organized or was part of the organizing team for Yoga camps
No. of persons trained	Marks																					
0	0 marks																					
1-25	1-5 marks																					
26-50	6-10 marks																					
51-100	11- 15 marks																					
101-200	16-20 marks																					
200 and above	21-25 marks																					
Experience	Marks																					
0	0 marks																					

S. No	Topic	Maximum marks	Marking Criteria	Documents required																								
			<table border="1"> <tr> <td>1-5</td> <td>1-5 marks</td> </tr> <tr> <td>6-11</td> <td>6-10 marks</td> </tr> <tr> <td>12-18</td> <td>11- 15 marks</td> </tr> <tr> <td>19-23</td> <td>16-20 marks</td> </tr> <tr> <td>2 years and above</td> <td>21-25 marks</td> </tr> </table> <p>Organised Yoga camps</p> <table border="1"> <tr> <td>Experience</td> <td>Marks</td> </tr> <tr> <td>0</td> <td>0 marks</td> </tr> <tr> <td>1-5</td> <td>1-5 marks</td> </tr> <tr> <td>6-11</td> <td>6-10 marks</td> </tr> <tr> <td>12-18</td> <td>11- 15 marks</td> </tr> <tr> <td>19-23</td> <td>16-20 marks</td> </tr> <tr> <td>24 and above</td> <td>21-25 marks</td> </tr> </table>	1-5	1-5 marks	6-11	6-10 marks	12-18	11- 15 marks	19-23	16-20 marks	2 years and above	21-25 marks	Experience	Marks	0	0 marks	1-5	1-5 marks	6-11	6-10 marks	12-18	11- 15 marks	19-23	16-20 marks	24 and above	21-25 marks	
1-5	1-5 marks																											
6-11	6-10 marks																											
12-18	11- 15 marks																											
19-23	16-20 marks																											
2 years and above	21-25 marks																											
Experience	Marks																											
0	0 marks																											
1-5	1-5 marks																											
6-11	6-10 marks																											
12-18	11- 15 marks																											
19-23	16-20 marks																											
24 and above	21-25 marks																											
3	Written test/ demonstration or viva	25	Marks awarded by the examiner in the assessment	Marks awarded																								
	Total	100																										

Mark Distribution Virtual CYEP

S. No	Topic	Maximum marks	Marking Criteria	Documents required								
1	Attending CYEP	30	Attending the online session of CYEP	Online attendance								
2	Persons trained/ field experience	45	<p>The Yoga Professionals field experience in conducting training programme/ Yoga camps and the feedback received from the trainees/ organization. It can be in 3 forms</p> <ul style="list-style-type: none"> No. of persons trained or No. of camps organized or No. of years of experience in the file of Yoga <table border="1"> <tr> <td>No. of persons trained</td> <td>Marks</td> </tr> <tr> <td>0</td> <td>0 marks</td> </tr> <tr> <td>1-25</td> <td>1-5 marks</td> </tr> <tr> <td>26-50</td> <td>6-10 marks</td> </tr> </table>	No. of persons trained	Marks	0	0 marks	1-25	1-5 marks	26-50	6-10 marks	<ul style="list-style-type: none"> Name with phone no. of the persons trained. Feedback from 5% of the persons trained with minimum of 5 feedback forms and maximum of 50 forms. Experience letter from the organizations Letter from
No. of persons trained	Marks											
0	0 marks											
1-25	1-5 marks											
26-50	6-10 marks											

S. No	Topic	Maximum marks	Marking Criteria	Documents required																																								
			<table border="1"> <tr> <td>51-100</td> <td>11- 15 marks</td> </tr> <tr> <td>101-200</td> <td>16-25 marks</td> </tr> <tr> <td>200 – 300</td> <td>25-35 marks</td> </tr> <tr> <td>300 and above</td> <td>35-45 marks</td> </tr> </table> <p>Working experience in Yoga with an organisation</p> <table border="1"> <thead> <tr> <th>Experience (no. of months)</th> <th>Marks</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0 marks</td> </tr> <tr> <td>1-5</td> <td>1-5 marks</td> </tr> <tr> <td>6-11</td> <td>6-10 marks</td> </tr> <tr> <td>12-18</td> <td>11- 15 marks</td> </tr> <tr> <td>19-30</td> <td>16-25 marks</td> </tr> <tr> <td>31-42</td> <td>26-35 marks</td> </tr> <tr> <td>43 and above</td> <td>36-45 marks</td> </tr> </tbody> </table> <p>Organised Yoga camps</p> <table border="1"> <thead> <tr> <th>No. of camps</th> <th>Marks</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0 marks</td> </tr> <tr> <td>1-5</td> <td>1-5 marks</td> </tr> <tr> <td>6-11</td> <td>6-10 marks</td> </tr> <tr> <td>12-18</td> <td>11- 15 marks</td> </tr> <tr> <td>19-30</td> <td>16-25 marks</td> </tr> <tr> <td>31 -42</td> <td>26-35 marks</td> </tr> <tr> <td>43 and above</td> <td>36-45 marks</td> </tr> </tbody> </table>	51-100	11- 15 marks	101-200	16-25 marks	200 – 300	25-35 marks	300 and above	35-45 marks	Experience (no. of months)	Marks	0	0 marks	1-5	1-5 marks	6-11	6-10 marks	12-18	11- 15 marks	19-30	16-25 marks	31-42	26-35 marks	43 and above	36-45 marks	No. of camps	Marks	0	0 marks	1-5	1-5 marks	6-11	6-10 marks	12-18	11- 15 marks	19-30	16-25 marks	31 -42	26-35 marks	43 and above	36-45 marks	competent authority certifying that the concern person has organized or was part of the organizing team for Yoga camps
51-100	11- 15 marks																																											
101-200	16-25 marks																																											
200 – 300	25-35 marks																																											
300 and above	35-45 marks																																											
Experience (no. of months)	Marks																																											
0	0 marks																																											
1-5	1-5 marks																																											
6-11	6-10 marks																																											
12-18	11- 15 marks																																											
19-30	16-25 marks																																											
31-42	26-35 marks																																											
43 and above	36-45 marks																																											
No. of camps	Marks																																											
0	0 marks																																											
1-5	1-5 marks																																											
6-11	6-10 marks																																											
12-18	11- 15 marks																																											
19-30	16-25 marks																																											
31 -42	26-35 marks																																											
43 and above	36-45 marks																																											
3	Written test/ demonstration or viva	25	Marks awarded by the examiner in the assessment	Marks awarded																																								
	Total	100																																										

Application No.: -----



योग प्रमाणीकरण मंडल
YOGA CERTIFICATION BOARD

**Application Form for CYEP for renewal of Certificate of
Yoga Professionals**

Photo

Part –I (Enrolment)

1. Existing Certificate No. : _____
2. Personal Information (Data as per records to appear and any changes if required can be done by the candidate)

a.	Title (Shri/ Smt. /Ms./Dr.)	
b.	First Name	
c.	Middle Name	
d.	Last Name	
e.	Gender (Male/ Female/others)	
f.	Date of Birth (DD-MM-YY)	
g.	Nationality	
h.	Father's Name	
i.	Mother's Name	
j.	Spouse's Name	
k.	Category	(SC/ ST/ OBC/EWS/General)
l.	PwD Certificate (Attach certificate)	
m.	Correspondence Address	City..... State..... Pin Code Country.....
n.	Permanent Address	City..... State..... Pin Code Country.....
o.	Mobile	
p.	E-Mail ID	
q.	Type of ID copy attached (Passport, Aardhar Card, Govt. issued Photo ID, Driving licence, Voter ID)	
r.	ID no.	

3. Educational Qualification and Skill

- a. Academic Qualifications Below Secondary/ Secondary /higher Secondary/
Diploma /Graduate/ Post Graduate/PHD/ Any other
- b. Yoga Qualifications None/ Certificate/Diploma /Graduate/ Post
Graduate/PHD/Any other

4. Working experience in Yoga

- a. Yoga experience > 1 year ,
> 2 years,
3-5 years,
5-10 years,
10 -20 years ,
>20 years (Pl. attach the document)

5. Pre-Medical history Information / declaration

- a. Do you have any family history of :
- i. Heart ailment YES NO
 - ii. Diabetes YES NO
 - iii. Mental illness YES NO
 - iv. Tuberculosis YES NO
- b. Whether you have undergone any surgical operation in the past? Yes No
- c. Do you take any medicines regularly? Yes No . Details
- d. Do you have any body deformity or defect? Yes No Details
- e. Do you have any problem of Rheumatism / Asthma / Joint pain? Yes No
- f. Do you have any large veins in your legs, thighs (varicose -veins)? Yes No
- g. Are you color blind? Yes No
- h. Do you have any hearing problem? Yes No
- i. Have you ever had any skin disorder? Yes No
- j. Have you ever had medical treatment for?
- i. Allergies YES NO
 - ii. Hay fever YES NO
 - iii. Reaction to surgery YES NO
 - iv. Reaction to medicine YES NO
 - v. Sprain YES NO
 - vi. Fracture or broken bone YES NO

- vii. Diabetes YES NO
- viii. Fits YES NO
- ix. Eye trouble YES NO
- x. Fainting spells YES NO
- xi. Heart troubles or High Blood Pressure YES NO
- xii. Hernia or Rupture YES NO
- xiii. Injury to knee joints YES NO
- xiv. Paralysis or weakness in arms or legs YES NO
- xv. Emotional upsets YES NO
- xvi. Tuberculosis YES NO
- xvii. Rheumatism YES NO
- xviii. Prolonged fever YES NO
- xix. Back pain YES NO
- xx. Sacroiliac YES NO
- xxi. Any other health condition YES NO

Agreement and Signature

By submitting this application, I confirm that the facts stated in it are true and complete. I understand that if I am accepted as a candidate, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate withdrawal of my application and legal prosecutions applicable and debarment from applying further and forfeiture of the fee already paid.

I confirm that:-

- I waive my rights to claim for any injury incurred by me during the physical assessment element of the examination.
- I have read the self-declaration and agree to abide by the terms and conditions contained in them.
- I have no pending judicial proceedings relating to my conduct
- I have no pending proceedings by any regulatory authority
- I know of no instances of discomfort/disability of any students till date, except as listed below

List any instances of discomfort/disability of any students till date	Name(s) of students	Incidents reported

Name: _____

Signature: _____

Place: _____

Date: _____

Part – II (Assessment)

6. Mode of CYEP: Face to Face Virtual
7. Preferred CYEP Center:
1. _____
 2. _____
 3. _____
8. Preferred date of CYEP (selected from the list): _____
9. Language for Assessment (preferred): _____
10. Number of person trained: _____
(Attach list with Name, phone no. and place in excel sheet)
11. Number of feedback forms: _____
(Attaché JPEG/PDF in zip file) –
12. Year of experience: _____
(Attach Experience letter from the organizations (JPEG/PDF file)
13. Number of Yoga cam organized: _____
(Letter / document certifying that the concern person has organized or was part of the organizing team for Yoga camps - PDF/JPEG file)
14. Any other information: (attach document if required)

SELF-DECLARATION

I,, confirm that I follow the Yamas and Niyamas as delineated in Patanjali Yoga Sutras to the best of my ability in my day-to-day life and promise to continue to do so in future. I understand that if I am found blatantly violating the Yamas and Niyamas at a later date, my certification can be suspended and withdrawn.

I also confirm that I am in good health to be able to impart Yoga education and will bring to your notice when there is a change in my health which will adversely affect my functioning as a Yoga professional. I understand that if I am found not fit health-wise to be a Yoga professional at a later date, my certification can be suspended and withdrawn. I will ensure a safe and protected environment in which an aspirant can grow physically, mentally, and spiritually. I confirm that I have read and understood the document forming part of this declaration.

Signature of the candidate: _____

Date: _____