

Special Continuing Yoga Education Programme (Special CYEP)

Scheme for Voluntary Certification of Yoga Professionals was implemented by Quality Council of India from June, 2015 to May 2018. Under the scheme, QCI offered 2 levels of certification for Yoga Professionals:

- Level 1 – Yoga Instructor
- Level 2 - Yoga Teacher

The certificates of the Yoga Professionals were valid for 3 years. During this period, the certified Yoga Professionals were required to appear for surveillance within 18-21 months of issuing of the certificate and also had to undergo assessment for renewal of the certificates before the expiry of the certificates.

Meanwhile Ministry of AYUSH had established a Yoga Certification Board (YCB) under the aegis of Morarji Desai National Institute of Yoga in March, 2018. The implementation of the scheme for certification of Yoga Professionals and Accreditation of Yoga Institutions was thereafter transferred to YCB in June, 2018. YCB continued the implementation of the scheme till 31st March, 2019.

YCB has now revised the guidelines for implementation of the scheme. Under the revised guidelines Yoga Certification Board has launched 3 levels of certification:

- Level 1 – Yoga Protocol Instructor
- Level 2 – Yoga Wellness Instructor
- Level 3 – Yoga Teacher and Evaluator

The certificates for level 1 – Yoga Protocol Instructor will be valid for 5 years and all other levels of certification will be valid for 3 years. YCB has also devised new guidelines for renewal of certificates which includes Continuing Yoga Education Programme (CYEP). CYEP aims at motivating the candidate in career growth of Yoga Professionals and includes 2 components:

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

Any certified Yoga Professional shall have to the CYEP which is a 2-3 days program and is conducted at Leading Yoga Institutions accredited/ recognised by the YCB.

In view of above, an onetime opportunity is being given to the existing certified Yoga Professionals to align themselves with the new level of certification through attending Special Continuing Yoga education Program (CYEP). Under the special CYEP, existing certified Yoga Professionals of level 1 and level 2 may opt to upgrade their certificates to level 2 and level 3 respectively. CYEP for each level will be conducted separately. The certificate of the certified Yoga professionals who has not attended the CYEP will lose its validity after the validity period. If the certified Yoga Professional fails to or is unwilling to attend the special CYEP, he/she can

attend the regular CYEP before the validity of his/ her certificate expires. Under the regular CYEP, the Yoga Professional will be assessed for renewal of the certificate for the existing level.

The candidate has to secure atleast 70% marks in the CYEP assessment process for renewal of the certificate. The qualifying candidate shall be granted upgraded certificate and others will continue with the existing level as per new certification scheme which shall be renewed subject to attending the CYEP before the expiry of validity period of new certificates.

Who are eligible for Special CYEP?

- Existing certified Yoga Professionals of Level 1 and Level 2 who are willing to upgrade to new levels of certification.
- Existing certified Yoga Professionals of Level 1 and Level 2 who are willing to align to new system of certification i.e. willing to continue with existing level of certification
- Existing certified Yoga Professionals of Level 1 and Level 2 whose certificates have already expired or are about to expire

Procedure for attending special CYEP:

- Special CYEP shall be conducted from 1st April, 2019 to December, 2019.
- The certified Yoga Professionals can opt for any one of the following for attending special CYEP
 - Attending one special CYEP program of 2 -3 days at Leading Yoga Institutions
 - Participating in virtual special 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.
- 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. There shall be separate CYEP for each level.
- The candidate shall have to register on YCB website. The process is in 2 parts:
 - Enrolment
 - Assessment

The Enrolment part of the form is one time enrolment where the basic information of the candidate is to be submitted alongwith the enrolment fee. The candidate will be issued one time unique enrolment number.

On confirmation of enrolment, the candidate has to register for attending special CYEP and select venue and date for CYEP alongwith assessment fee.

- The candidate shall submit all the requisite documents online on or before the due date as mentioned the schedule of the CYEP. In absence of all the required documents, the marks awarded against the head shall be zero.
- The candidate will be issued an admit card for attending CYEP.

- The candidate shall attend the CYEP and appear for the assessment. If for any reason, the candidate is unable to attend the CYEP after the issuance of the admit card, the fee will generally be forfeited.
- The syllabus for assessment during CYEP will be the syllabus for the level the candidate is willing to align/ upgrade.
- The mark distribution for assessment for renewal is in 3 parts:

Topic	Special CYEP
Attending CYEP	30
Persons trained/ field experience	20
Written test/ demonstration or viva	50

Mark Distribution for Special CYEP

S. No	Topic	Maximum marks	Marking Criteria	Documents required																
1	Attending CYEP	30	Attending all session of CYEP	Attendance sheet of all session of CYEP																
2	Persons trained/ field experience	20	<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 field 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>101and above</td> <td>16-20 marks</td> </tr> </tbody> </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> </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	101and above	16-20 marks	Experience (no. of months)	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																			
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101and above	16-20 marks																			
Experience (no. of months)	Marks																			
0	0 marks																			

S. No	Topic	Maximum marks	Marking Criteria		Documents required
			1-5	1-5 marks	
			6-11	6-10 marks	
			12-18	11- 15 marks	
			19 and above	16-20 marks	
			Organised Yoga camps		
			Experience	Marks	
			0	0 marks	
			1-5	1-5 marks	
			6-11	6-10 marks	
			12-18 camps	11- 15 marks	
			19 and above	16-20 marks	
3	Written test / demonstration or Viva	50	Marks awarded by the examiner in the assessment.		
	Total	100			

Application No.: -----



योग प्रमाणीकरण मंडल
YOGA CERTIFICATION BOARD

**Application Form for Special CYEP for renewal and
upgradation**

Photo

Please note that this is an application for attending CYEP for renewal of Certificate of Yoga Professional

Part –I (Enrolment)

1. Personal Information

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.	

2. 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

3. 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)

4. Pre-Medical history Information / declaration *

- a. Do you have any family history of :
- Heart ailment YES NO
- Diabetes YES NO
- Mental illness YES NO
- 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: _____
Place: _____

Signature: _____
Date: _____

Part – II (Assessment)

5. Renewal Up-gradation
6. Certificate No. _____ Current Level _____ Validity Period: _____
7. Name of previous Assessing agency: QCI/ Name of PrCB _____
8. Certification Level Applied for:

Yoga Education and Training -

Level 1 Yoga Protocol Instructor	<input type="checkbox"/>
Level 2 Yoga Wellness Instructor	<input type="checkbox"/>
Level 3 Yoga Teacher & Evaluator	<input type="checkbox"/>

9. Mode of CYEP: Face to Face Virtual

10. Preferred CYEP Center:

- _____
- _____
- _____

11. Preferred date of CYEP (selected from the list): _____
12. Language for Assessment (preferred): _____
13. Number of person trained: _____
(Attach list with Name, phone no. and place in excel sheet)
14. Number of feedback forms: _____
(Attaché JPEG/PDF in zip file)
15. Year of experience: _____
(Attach Experience letter from the organizations (JPEG/PDF file))
16. 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)
17. 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: _____