

POLESTAR PILATES REQUALIFICATION APPLICATION

Please print clearly									
Name:						DATE:			
If your name has changed s	ince your graduation please v	write your previous name	here:						
Home Address:			City/Town:		State/County/Province:		Zip/Postal Code: Country:		
Primary Phone: (Cell/Work,	/Home?)	Secondary Phone: (Cell/W		ork/Home?)				
Email:			1						
Graduation Date: Comprehensive-\$0 *No Fee with submission of PMA Certification Number Reformer \$75 Mat \$75									
COMPREHENSIVE GRADUATES ONLY: Pilates Method Alliance Certification #: PMA®-CPT Expiration Date:									
in good standing with Certified Pilates Teach	Pilates Education requir n Polestar Pilates, the Pi hers to earn 16 PMA ap e PMA Certification Exa	MA re-qualification proved CECs (1 hou	guidelines will apply. ur = 1 CEC) in order to	PMA cer renew c	tification ertification	is are valid f on at 1the e	or 2 years. P nd of your tw	MA requires a	II PMA
	RS (Comprehensive)			-	period.	Initials: _			
	RS (Comprehensi	ve, Reformer, a	nd Mat Graduate	es)					
YEAR: WEEKLY SUMMARY		e:				C i l - N		Average Weekly	TOTAL
Site Name		Site Address (City, State, Zip)		Site Phone Number Supervisor's		Supervisor's N	ame	Hours x Wks/Yr	Hours per Year =
								x	=
								x	=
YEAR: WEEKLY SUMMARY								x	1-
Site Name		Site Address (City, State, Zip)		Site Phone	Site Phone Number Supervisor's		ame	Average Weekly Hours x Wks/Yr	TOTAL Hours per Year
								x	=
								x	=
							x	=	
Comprehensive	e Minimum: 10 hours	per week= 520 hours per year / Reformer or Mat Minimum: 5				imum: 5 h	ours per wee	k= 260 hours	s per vear
									<u> </u>
CONTINUING EDUCATION TWO YEAR SUMMARY (Required only for Mat and Reformer Graduates)									
POLESTAR PIL	ATES Courses			-				-	
Dates Course Name or Confe		ence		Lo	ocation		Course Hours	Multiplier	Total Hours
								x 1 =	Tiours
								x 1 =	-
								x 1 =	
								x 1 =	
		·					MINIMUM 16 Hours	TOTAL Polestar Pilates Hours:	
Office Use Only: Payment Rcvd:	LICENSEE APPRO	VAL		А	pproved	by:			