

**PLEASE PRINT CLEARLY**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

If your name has changed since your graduation, please write your previous name here: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ PCode: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MARK ANY POLESTAR CERTIFICATES HELD INCLUDING DATE OF EXAM AND CERTIFICATE ID :**

**STUDIO/REHAB:** Date \_\_\_\_\_ Cert ID \_\_\_\_\_  **REF:** Date \_\_\_\_\_ Cert ID \_\_\_\_\_  **MAT:** Date \_\_\_\_\_ Cert ID \_\_\_\_\_

**DIPLOMA / CERT IV / COMPREHENSIVE GRADUATES**

As of 2012, Polestar Pilates Education requires that all Comprehensive / Cert IV / Diploma graduates become Pilates Method Alliance Certified (PMA®-CPT) or remain current with the PAA. In order to remain in good standing with Polestar Pilates, the PAA and PMA re-qualification guidelines will apply. If you are not PMA Certified or registered with the PAA, please fill out the form below. If you are PMA Certified or PAA member please provide your membership number below and submit the completed form. There are no Fees for PAA/PMA members.

**PAA or PMA Certificate #:** \_\_\_\_\_ **NCPT or PAA Expiration Date(YR/MNTH):** \_\_\_\_\_

**NON PAA / PMA GRADUATES**

**FEES:**  COMPREHENSIVE - \$75  REFORMER - \$75  Mat - \$75

**PRACTICE HOURS (Studio, Rehab, Reformer and Mat Graduates)**  
 I have practiced Pilates an average of 2 hours per week in the 2-year period. **Initials:** \_\_\_\_\_

**TEACHING HOURS - 2 YEAR SUMMARY**  
 STUDIO/REHAB: 10 hours per week = 520 hours per year REFORMER or MAT: 5 hours per week= 260 hours per year

**WEEKLY SUMMARY FOR YEAR:**

Site Name	Site Address (City, State, PCode)	Site Phone Number	Supervisor's Name	Hours x Wks/Yr	TOTAL HRS /YR
				___ x ___ =	
				___ x ___ =	
				___ x ___ =	
				___ x ___ =	

**WEEKLY SUMMARY FOR YEAR:**

Site Name	Site Address (City, State, PCode )	Site Phone Number	Supervisor's Name	Hours x Wks/Yr	TOTAL HRS /YR
				___ x ___ =	
				___ x ___ =	
				___ x ___ =	
				___ x ___ =	

**CONTINUING EDUCATION - 2 YEAR SUMMARY (1 hour = 1 CEC / PDP) MINIMUM 16 HRS MAT & REFORMER - MINIMUM 20 HRS STUDIO/REHAB**

Date	Course Name / Conference	Location	Course HRS	Multiplier	TOTAL HRS
				___ x ___ =	
				___ x ___ =	
				___ x ___ =	
				___ x ___ =	
				___ x ___ =	
				<b>TOTAL</b>	

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