

TEACHER CERTIFICATION PROGRAM

LECTURE SCHEDULE

All lecture sessions will take place on Friday, Saturday and Sunday for a full year

Friday 4 - 7 pm • Saturday 8 am - 3 pm • Sunday 9 am - 4 pm

1ST SEMESTER:

Weekend 1:	September 11, 12, 13 (2009)
Weekend 2:	October 9, 10, 11
Weekend 3:	November 6, 7, 8
Weekend 4:	December 4, 5, 6
Weekend 5:	January 8, 9, 10 (2010)
Weekend 6:	January 15, 16, 17

2ND SEMESTER

Weekend 1:	February 5, 6, 7 (2010)
Weekend 2:	March 5, 6, 7
Weekend 3:	April 3, 4, 5
Weekend 4:	May 1, 2, 3
Weekend 5:	May 28, 29, 30
Weekend 6:	June 4, 5, 6
Final Exam:	June 12

LECTURE CURRICULUM - Fall and Spring

WEEKEND 1

Friday: Teacher Certification Program (TCP) Overview and Apprenticeship Guidelines, Required Reading List, History of Joseph H. Pilates, and Return to Life
Saturday: Fundamentals
Sunday: Equipment Introduction: Mat, Reformer, Cadillac, Wunda Chair, Wall

WEEKEND 2

Friday: Reviewing Fundamentals / Lecture and Auxiliary Equipment
Sat/Sun: Level I - Mat, Reformer, Cadillac and Wunda Chair

WEEKEND 3

Friday: Mastering Fundamentals / Lecture and Auxiliary Equipment
Sat/Sun : Level II - Mat, Reformer, Cadillac and Wunda Chair

WEEKEND 4

Friday: Practice Teaching Fundamentals / Lecture and Auxiliary Equipment
Sat/Sun : Level III - Mat, Reformer, Cadillac and Wunda Chair

WEEKEND 5

Friday: Practice Teaching Fundamentals / Lecture and Auxiliary Equipment
Sat./ Sun.: Level IV - Mat, Reformer, Cadillac and Wunda Chair

WEEKEND 6

Friday: Practice Teaching Fundamentals / Lecture and Auxiliary Equipment
Sat./ Sun.: Level V - Mat, Reformer, Cadillac & Wunda Chair

FRIDAY LECTURE TOPICS

- Safety and Spotting
- Anatomy
- Visual Imagery
- Hands on
- Progression and Layering
- Business Aspects
- Client Relations
- Professionalism

AUXILIARY EQUIPMENT

- High Chair
- High Barrel
- Spine Corrector
- Ped-o-Pul
- Magic Circle
- Foot Corrector

*The teacher training program must be completed in a one year period. Extensions are available at an extra charge.

TEACHER CERTIFICATION PROGRAM - REGISTRATION FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone/Day: _____ Phone/Evening: _____

Email address: _____

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|--------------------------|--------------------------------------|---------|--------------------------------|-------|
| <input type="checkbox"/> | Full Certification Program: | \$4,800 | (\$500 non-refundable deposit) | _____ |
| <input type="checkbox"/> | Formal Lecture Series (6 months): | \$1,900 | (\$250 non-refundable deposit) | _____ |
| <input type="checkbox"/> | One Weekend Lecture: | \$450 | (\$100 non-refundable deposit) | _____ |
| <input type="checkbox"/> | One Day Lecture (Sat. or Sun. only): | \$175 | (\$50 non-refundable deposit) | _____ |

*Full payment is required by first date of attendance; payment plans are available.

TOTAL: _____

Make checks payable and mail to: The Pilates Institute of Southern California, 1026 B Manhattan Beach Blvd., Manhattan Beach, CA 90266