



U.S. Pilates™ LLC
Classical Pilates USA®
International Teacher Certification Program

International Bridge Teacher Certification Program Checklist

Once you have collected all of the materials below, please upload and submit your online application as one PDF

- Signed Release and Informed Consent form
- Signed Bridge Curriculum Form
- Preevaluation Form signed by Center Director and/or Teach Trainer
- Prerequisite hour log for Privates and Classes (25 Privates; 10 classes minimum)
- Certificate of Insurance proving Professional Liability Insurance as a Pilates Instructor has been purchased (see example)
- Professional Reference Letter
- Personal Reference Letter
- Copy of Driver's License or Identification Card Reviewed Enrollment Agreement (on electronic application)
- Reviewed Non-Competition and Confidentiality/Non-Disclosure Agreement (on electronic application)



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Release and Informed Consent Form

Today's Date: _____

Bridge Student Name: _____

Acknowledgment of Health Status:

I, the undersigned, hereby confirm that I am in good health and physically capable of performing the Pilates repertoire as part of the Pilates Apprenticeship Program. I understand that the program involves physical activity that may include exercises, stretches, and movements that require physical stamina, balance, and coordination.

Health Disclosure:

I acknowledge that I have disclosed any known medical conditions or concerns that could affect my ability to participate in this program. I confirm that I do not have any health issues that would prevent me from safely engaging in physical activity.

Release of Liability:

I understand that participation in the Pilates Apprenticeship Program may involve inherent risks, including, but not limited to, the risk of injury. I hereby release, waive, and discharge [Your Organization Name], its instructors, employees, and affiliates from any and all liability for any injuries or damages that may arise during my participation in the program.

Informed Consent:

By signing below, I acknowledge that I have read and understood this release and informed consent form. I consent to participate in the Pilates Apprenticeship Program under the terms outlined above.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relationship to Student: _____

Student Signature: _____

Student Printed Name: _____

Center Director/Teacher Trainer Signature: _____

Center Director/Teacher Trainer Printed Name: _____



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Bridge Curriculum Form

Once you have collected all of the materials below, please upload and submit your online application as one PDF

Bridge Student Name: _____

Date of Entry into Bridge Program: _____

Total Number of Privates required: _____

Total Number of hours required for observation, training and teaching: _____

*Must be taught by Certified Instructors approved by the U.S. PILATES™

The cost of Private Lessons will be in addition to the tuition and will be determined by the Center Director and any other certified instructor.

Bridge Apprentice will be required to attend all three (3) System Workshops (Beginner, Intermediate and Advanced). One or more of the System Workshops may not be held at the Training Center Studio attended by the Bridge Student. Workshops are given at U.S. PILATES™ LLC, Certification Centers. Workshops do not have to be taken in order.

Bridge Apprentice will be responsible for all travel costs associated with attendance. There is no extra charge for attendance at the Workshops.

Bridge Student will be required to take the Basic, Intermediate and Advanced Practical and Written Assessments and will be conducted in the same manner as if the Bridge Apprentice were a Full Teacher Certification Program Apprentice.

Unless expressly modified by this document, all of the remaining terms contained in the Application and Bridge Application shall apply to the Bridge Apprenticeship Program. A signed or electronic version of this Curriculum will be considered an original.

Bridge Student Signature: _____

Bridge Apprentice Printed Name: _____

Center Director/Teacher Trainer Signature: _____

Center Director/Teacher Trainer Printed Name: _____



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Certificate of Insurance

The Pilates Haus

An Apprentice will purchase two (2) Certificates of Insurance with the following Certificate Holder's on file:

U.S. Pilates™ LLC
It's Successors in Interests and/or Assigns
105 South Victoria Park Road
Fort Lauderdale, FL 33301

AND

Pilates Haus
140 Bay Street
Retail #4
Jersey City, NJ 07302

You can easily purchase insurance with the links below or choose to work with your own provider.

U.S. Pilates, LLC: <https://app.insurancecanopy.com/events/10503>

Pilates Haus: <https://app.insurancecanopy.com/events/12633>



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Prerequisite Practical Assessment Testing Score Card

Name: _____ Date: _____

Training Center: _____

Testing Instructor Name: _____

_____ Knowledge of the Pilates System

_____ Knowledge of the Exercises

_____ Knowledge of the Apparatus

_____ Safety

_____ Time Management and Flow

_____ Overall Presentation

_____ TOTAL SCORE

Comments:

Testing Instructor Signature: _____

Excellent	Very Good	Good	Satisfactory	Needs Work	Fail & Below
10	9	8	7	6	5



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Prerequisite Class Hour Log
minimum of 10 classes

Name: _____ Date: _____

Training Center: _____

	Date	Instructor	Location	Session Focus
1.				
2.				
3.				
4.				
5.				
6.				
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24.				
25.				



U.S. Pilates™ LLC
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Prerequisite Private Hour Log

minimum of 25 classes

Name: _____ Date: _____

Training Center: _____

	Date	Instructor	Location	Session Focus
1.				
2.				
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