



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

Full & Bridge Teacher Certification Program Checklist

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

- ☐ Preevaluation form signed by Center Director and/or Teach Trainer
- ☐ Prerequisite hour log for Privates and Classes (25 Privates; 10 classes minimum)
- ☐ Physican letter on office letter head or Physical Form from Urgent Care facility
- ☐ Certificate of Insurance proving Professional Liability Insurance as a Pilates Instructor has been purchased (additional information to be provided by Center Director/Teacher Trainer)
- ☐ Professional Reference Letter
- ☐ Personnal Reference Letter
- ☐ Copy of Driver's License or Identification Card
- ☐ Reviewed Enrollment Agreement (on electronic applplication)
- ☐ Reviewed Non-Competition and Confidentiality/Non-Disclosure Agreement (on electronic applplication)

Additional Bridge Program requirements

- ☐ Bridge Curriculum Form



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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 Private Hour Log
minimum of 25 classes

Name: _____ Date: _____

Training Center: _____

	Date	Instructor	Location	Session Focus
1.				
2.				
3.				
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24.				
25.				



U.S. Pilates™ LLC
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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.				
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24.				
25.				



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Bridge Curriculum Form

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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/02/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Canopy North Chesterfield, VA, 23234	CONTACT NAME: Insurance Canopy PHONE (A/C, No, Ext): (844) 520-6993 FAX (A/C, No): E-MAIL ADDRESS: info@insurancecanopy.com				
INSURED Apprentice First & Last Name Apprentice Full Address	<table><tr><td>INSURER(S) AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A: Accelerant National Insurance Company</td><td>10220</td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Accelerant National Insurance Company	10220
INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURER A: Accelerant National Insurance Company	10220				

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUREE BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> PROFESSIONAL LIABILITY <input type="checkbox"/> (CLAIMS-MADE FORM) GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N0220GL00000100-CPTNT217425	08/29/2025	08/29/2026	EACH OCCURRENCE	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	300,000
							MED EXP (Any one person)	5,000
							PERSONAL & ADV INJURY	INCLUDED
							GENERAL AGGREGATE	3,000,000
							PRODUCTS COMP/OP AGG	3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURANCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED (Mandatory in NH) If yes describe under DESCRIPTION DE OPERATIONS below Y/N <input type="checkbox"/>	N/A	<input type="checkbox"/>				<input type="checkbox"/> WC STATUTORY LIMITS	\$
							<input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE EA EMPLOYEE	\$
							E.L. DISEASE POLICY LIMIT	\$
A	Professional Liability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N0220GL00000100-CPTNT217425	08/29/2025	08/29/2026	INCLUDED	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space required)

It is understood and agreed that the Certificate Holder is named as Additional Insured per attached CG 20 26 (Ed. 04 13) - Additional Insured - Designated Person or Organization subject to all policy terms, conditions, and exclusions.

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Every Training Center an Apprentice works out of MUST be on file as a Certificate Holder in addition to U.S. Pilates LLC (as shown above)



U.S. Pilates™ LLC
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Certificate of Insurance Checklist

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>



U.S. Pilates™ LLC
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Certificate of Insurance Checklist

The Pilates Loft

An Apprentice will purchase four (4) 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

The Pilates Loft
3444 Fairfax Drive
Suite 2
Arlington, VA 22201

AND

The Pilates Loft
2407 Columbia Pike
Suite 100
Arlington, VA 22204

AND

The Pilates Loft
138 Church Street, NW
Vienna, VA 22180

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>

The Pilates Loft - Fairfax Dr: <https://app.insurancecanopy.com/events/12634>

The Pilates Loft - Columbia Pike: <https://app.insurancecanopy.com/events/12635>

The Pilates Loft - Church Street: <https://app.insurancecanopy.com/events/12636>



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Certificate of Insurance Checklist

Balanced Birch Studio

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

Balanced Birch Studio
77 Cows Road
Amherst, MA 01002

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>

Balanced Birch Studio: <https://app.insurancecanopy.com/events/12637>



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Certificate of Insurance Checklist

Delfina Pilates

An Apprentice will purchase three (3) 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

Delfina Pilates
2275 S. Federal Hwy
Suite 140
Delray Beach, FL 33483

AND

Delfina Pilates
3013 Yamato Road
Suite B10
Boca Raton, FL 33434

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>

Delfina Pilates - Delray Beach: <https://app.insurancecanopy.com/events/12638>

Delfina Pilates - Boca Rotan:



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Certificate of Insurance Checklist

Pilates Time Fitness

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 Time Fitness
17006 Palm Pointe Drive
Tampa, FL 33647

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 Time Fitness: <https://app.insurancecanopy.com/events/12639>