

TAI CHI CHUAN TEACHER ACADEMY TTM TRAINER RENEWAL FORM

This form is for TTM Trainers to verify that they have met the association's required hours of teaching and/or training in a year.

Teaching/Training Requirements for Renewal:

- A combined minimum of 48 hours of teaching and/ or the following training (For example, 10 hours of teaching combined with 38 hours of training for a total of 48 hours).
- Verified hours of study with a Yang Family Certified Instructor, or above
- Participation in an association center's seminar given by an Academy Instructor, or above.
- · Seminar with Grand Master Yang Jun.
- · Teacher Academy seminar.

(Please provide a copy of the certificate of participation for each seminar with its credit count).

2. Attend at least one Yang Family Tai Chi Chuan Teacher Academy event a year.

Trainer Annual Fee:

Please send the trainer annual fee of \$45 (this does not include the association annual fee)

by Paypal to the Paypal account: members@yangfamilytaichi.com

or mail to: Yang Family Tai Chi Membership Department

PO Box 786, Bothell, WA 98041 USA

Teacher Academy Renewal Fee:

Please send the Tai Chi Chuan Teacher Academy \$20 membership renewal fee to:

Tai Chi Chuan Teacher Academy USA Headquarters

PO Box 1003, Weston CT 06883 USA

Documentation: Submit the following documents for TTM Trainer certification renewal:

- 1. Completed TTM Trainer Renewal Application form;
- 2. A copy of your current TTM certificate/certificates;
- 3. A copy of your Trainer Annual Fee payment;
- 4. Documents supporting your attendance at association seminars and academy events;
- 5. Evidence of teaching; and
- 6. A letter by a teacher verifying your hours of training.

Send your renewal package at least one (1) month before your certification expiration date to:

By email: academy@yangfamilytaichi.com

By U.S. Mail Service: Tai Chi Chuan Teacher Academy USA Headquarters

PO Box 1003 Weston, CT 06883 USA





Tai Chi Chuan Teacher Academy TTM Trainer Renewal Form

TRAINER INFORMATION				
First Name		Last Name	Last Name Birth Date: MM/DD/	

Address				
City		State	Zip Code	Country
City		State	zip code	country
Phone	Email	Member ID	Academy Student ID	Trainer Certificate ID
TEACHING/TRAINING VERIFICATION				
I verify that I have met the combined minimum 48 hours of teaching and training requirement for				
The calendar year:		Total Teaching Hours:	Total training Hours:	
Please briefly describe where, when and how you met this requirement:				
	S	ignature:	Date:	

MAILTO

YANG FAMILY TAI CHI

Tai Chi Chuan Teacher Academy

Email: academy@yangfamilytaichi.com

