

# BORN TO FLY™ CERTIFICATE APPLICATION

Submit to Director of Training (info@borntoflyaerial.com)  
concurrently with submission of final RTAP.

Name (First, Last): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ E-mail: \_\_\_\_\_

Which certificate are you applying for? (circle one)

Aerial Yoga: Level 1 Level 2

Aerial Hoop: Level 1 Level 2

Aerial Trapeze: Level 1 Level 2

Aerial Rope: Level 1 Level 2

Aerial Fabric: Level 1 Level 2 Level 3 Level 4

Dates of Live Trainings: \_\_\_\_\_

Master Teacher: \_\_\_\_\_

Location of Trainings: \_\_\_\_\_  
\_\_\_\_\_

How did you distribute your 20 hours?

Observation Hours \_\_\_\_\_

Being a Student Hours \_\_\_\_\_

Self-Practice Hours \_\_\_\_\_

Mentorship Hours \_\_\_\_\_

Assistant Teaching Hours \_\_\_\_\_

Teaching Hours \_\_\_\_\_

RTAP Submission: \_\_\_\_\_

Online Modules (check the website for the requirements/suggestions for your course)

Rigging Module (1 hr) \_\_\_\_\_

Anatomy Module (1 hr) \_\_\_\_\_

Spotting Module (1 hr) \_\_\_\_\_

Cueing Module (1 hr) \_\_\_\_\_

Official Use Only	
Observation Hours Completed	_____
Being a Student Hours Completed	_____
Self-Practice Hours	_____
Mentorship Hours	_____
Assistant Teaching Hours	_____
Teacher Hours Completed	_____
Private Lessons	_____
Group Lessons	_____
RTAP Submission Completed	_____
Mentor Completing RTAP:	_____
Online Modules Completed:	_____
Notes:	_____
	_____
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How do you feel you have grown as a teacher through the completion of your practicum hours? \_\_\_\_\_

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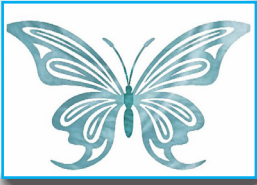
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## CERTIFICATE APPLICATION: Observation Log

During each observation, pick a focus area for yourself to pay attention to. Example: cueing, spotting, warm-up techniques, how a teacher ensures safety, etc. Reference the Aerial Teacher's Handbook for many more ideas on what to look for when you are observing a class. Record both things that you found were effective and things you noticed that were not effective, whichever is applicable.

Class Information	Notable Lessons Learned from Observation
Date:	
Apparatus:	
Level of Class:	
Length of Class:	
Studio/Location:	
Teacher Observed:	
Teacher Signature:	
Date:	
Apparatus:	
Level of Class:	
Length of Class:	
Studio/Location:	
Teacher Observed:	
Teacher Signature:	
Date:	
Apparatus:	
Level of Class:	
Length of Class:	
Studio/Location:	
Teacher Observed:	
Teacher Signature:	



## CERTIFICATE APPLICATION: Being a Student Log

During each class that you attend, pick a focus area for yourself to pay extra attention to. Examples: cueing, spotting, warm-up techniques, how a teacher ensures your safety, how the teacher gave modifications if applicable, etc. Record both things that you found were effective and things you noticed that were not effective, whichever is applicable.

Class Information	Notable Lessons Learned from Taking Class
Date:	
Apparatus:	
Level of Class:	
Length of Class:	
Studio/Location:	
Teacher:	
Teacher Signature:	
Date:	
Apparatus:	
Level of Class:	
Length of Class:	
Studio/Location:	
Teacher:	
Teacher Signature:	
Date:	
Apparatus:	
Level of Class:	
Length of Class:	
Studio/Location:	
Teacher:	
Teacher Signature:	



## CERTIFICATE APPLICATION: Self-Practice Log

This time is designed for you to spend some soak time working out the details of class planning. This time can be spent doing things such as creating a sequence for a class, designing and breaking apart a progression chain, rehearsing your cues for skills, etc.

Date: \_\_\_\_\_

How did you spend your hour? \_\_\_\_\_

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Date: \_\_\_\_\_

How did you spend your hour? \_\_\_\_\_

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Date: \_\_\_\_\_

How did you spend your hour? \_\_\_\_\_

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## CERTIFICATE APPLICATION: Mentorship Log

This is to document what you covered during your time with your Born to Fly mentor. Spend time discussing ideas such as curriculum planning, class planning, troubleshooting issues with specific students, etc.

Date: \_\_\_\_\_

What ideas did you brainstorm with your mentor? \_\_\_\_\_

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Date: \_\_\_\_\_

What ideas did you brainstorm with your mentor? \_\_\_\_\_

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Date: \_\_\_\_\_

What ideas did you brainstorm with your mentor? \_\_\_\_\_

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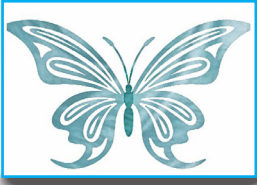
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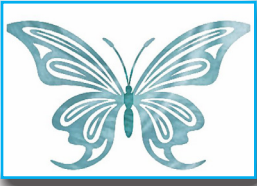
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## CERTIFICATE APPLICATION: Teaching Assistant Log

During each class that you attend, pick a focus area for yourself to pay extra attention to. Examples: cueing, spotting, warm-up techniques, how a teacher ensures your safety, how the teacher gave modifications if applicable, etc. Record both things that you found were effective and things you noticed that were not effective, whichever is applicable.

Class Information	Notable Lessons Learned
Date:	
Apparatus:	
Level of Class:	
Length of Class:	
Studio/Location:	
Teacher:	
Teacher Signature:	
Date:	
Apparatus:	
Level of Class:	
Length of Class:	
Studio/Location:	
Teacher:	
Teacher Signature:	
Date:	
Apparatus:	
Level of Class:	
Length of Class:	
Studio/Location:	
Teacher:	
Teacher Signature:	



# CERTIFICATE APPLICATION: Teaching Hours Log

Note: Your RTAP submission should be separate from the hours logged here.

Class Information	Brief Description of Class/Note Teachable Moments
Date Completed:	
Apparatus:	
Level of Class:	
Length of Class:	
No. of Students:	
Date Completed:	
Apparatus:	
Level of Class:	
Length of Class:	
No. of Students:	
Date Completed:	
Apparatus:	
Level of Class:	
Length of Class:	
No. of Students:	
Date Completed:	
Apparatus:	
Level of Class:	
Length of Class:	
No. of Students:	
Date Completed:	
Apparatus:	
Level of Class:	
Length of Class:	
No. of Students:	