



Society of Ortho-Bionomy International®

### Application to Instructor Training Program (Page 1)

Name \_\_\_\_\_ Date \_\_\_\_\_ Member Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_

**Instructor Training Program Enrollment Fee: \$100.00**

Submit to SOBI at office@ortho-bionomy.org (U.S. Dollars). SOBI office will send invoice for application fee

ELIGIBILITY INFORMATION/CHECK LIST

\_\_\_ 1a. Completion of the Advanced Practitioner Training Program

-Or-

\_\_\_ 1b. Completed a minimum of 375 hours of the Advanced Practitioner program  
-must provide a copy of your Advanced Practitioner Program Form  
-must submit a letter from your Advanced Practitioner Program Advisor stating you have completed a minimum of 375 hours of the Advanced Practitioner program

\_\_\_ 2. Current Advanced Practitioner member of the Society of Ortho-Bionomy International

#### ADVISOR INFORMATION

I submit that my advisee is eligible and prepared for instructor training and forms are complete.

Program Advisor \_\_\_\_\_ Signature \_\_\_\_\_



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## **Application to Instructor Training Program (Page 2) Applicant Essay Questions**

Please type responses to the following questions on a separate sheet of page:

1. What is your interest in becoming an Ortho-Bionomy instructor?
2. Describe several key learning experiences. What was the role of the instructor or the instruction in these experiences?
3. What do you think your strengths and weakness will be as an instructor?

Please assess or comment in regards to the following areas about yourself: communication skills, patience, honesty, discernment, personal integrity, perseverance, commitment to the practice of Ortho-Bionomy, relationship to the Ortho-Bionomy community and the Society of Ortho-Bionomy International.

4. What do you think will be unique to your teaching?
5. As a practitioner, have you served as an advisor to students in the program? If so, what has been your experience in that role? If not, please describe the role your advisor took in your training process. Please comment on the value of that experience in your training process.
6. Describe the role and responsibilities of an Instructor.
7. Describe the roles and responsibilities of an Advisor.



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## Advisor Recommendation form for Entrance into Instructor Training Program (Page 1 of 2)

Trainee Name \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_

Email Address \_\_\_\_\_

Instructions to recommending instructor: Please complete this form and return to the applicant as soon as possible. The application will not be reviewed until all of his/her recommendation forms have been received. Thank you in advance for your participation in the process.

1. How long have you known this applicant? \_\_\_\_\_
2. What is your personal knowledge and familiarity with this applicant?

Ortho-Bionomy Classes \_\_\_\_\_

Ortho-Bionomy Sessions \_\_\_\_\_

Other (e.g., professional association, other trainings etc.) \_\_\_\_\_

3. What are the applicant's: Strengths as a Student \_\_\_\_\_

Strengths as a Practitioner \_\_\_\_\_



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## Advisor Recommendation Form for Entrance into Instructor Training Program Cont'd (Page 2 of 2)

Trainee Name \_\_\_\_\_ Date \_\_\_\_\_

Registered Instructor giving recommendation: \_\_\_\_\_

4. What qualities of the applicant will be suited for becoming an Ortho-Bionomy Instructor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What areas will be particularly challenging for the applicant in their Instructor Training Process? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any other comments regarding the candidate's application to the Instructor Training Program? (Attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I recommend the applicant be accepted into the Instructor Training Program

\_\_\_\_ I do not recommend the applicant be accepted at this time. Please attach an explanation.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Instructor Recommendation form for Entrance into Instructor Training Program (Page 1 of 2)

Trainee Name \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_

Email Address \_\_\_\_\_

Instructions to recommending instructor: Please complete this form and return to the applicant as soon as possible. The application will not be reviewed until all of his/her recommendation forms have been received. Thank you in advance for your participation in the process.

1. How long have you known this applicant? \_\_\_\_\_
2. What is your personal knowledge and familiarity with this applicant?

Ortho-Bionomy Classes \_\_\_\_\_  
\_\_\_\_\_

Ortho-Bionomy Sessions \_\_\_\_\_  
\_\_\_\_\_

Other (e.g., professional association, other trainings, etc) \_\_\_\_\_  
\_\_\_\_\_

3. What are the applicant's: Strengths as a Student? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Strengths as a Practitioner? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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## Instructor Recommendation Form for Entrance into Instructor Training Program Cont'd (Page 2 of 2)

Trainee Name \_\_\_\_\_ Date \_\_\_\_\_

Registered Instructor giving recommendation: \_\_\_\_\_

4. What qualities of the applicant will be suited for becoming an Ortho-Bionomy Instructor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What areas will be particularly challenging for the applicant in their Instructor Training Process? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any other comments regarding the candidate's application to the Instructor Training Program? (Attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I recommend the applicant be accepted into the Instructor Training Program

\_\_\_\_ I do not recommend the applicant be accepted at this time. Please attach an explanation.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Advisor(s) Selection Form for Instructor Training Program

**Trainee:**

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Email Address \_\_\_\_\_

The following Registered Instructor(s) has/have agreed to serve as my Advisor(s) Please print:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Instructor(s):** I/we have discussed the training process with the Trainee and have agreed to serve as his/her Advisor(s). Please have Advisor(s) sign below.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_