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# Practitioner Training Program Handbook

## Benefits of Enrolling in the Practitioner Training Program

- Having an **advisor**: a person whom you trust who is available on a one on one basis and who can help you with questions and problems, who monitors your progress and who can celebrate your success with you. Your advisor is available to support you in learning techniques, help you fine-tune your work with clients and aid you in developing into a practitioner. Together you establish your own mixture of pre-arranged meetings/sessions and more informal ways to check in.
- The **instructor community** knows that you have more than a passing interest in Ortho-Bionomy and you will receive extra attention and monitoring in classes and in between.
- Having made a **commitment** to the program helps students to stay focused and generates enthusiasm for the work and its evolution.
- Further commitment often shifts the students work to a clearer and higher place of **evolution**.
- You gain a sense of **community**, belonging and support from other students in the program that helps you stay connected between classes.
- Enrollment helps you to create a space to develop **relationships** with peers and professional colleagues and ways to develop this into a personal practice.
- Your fees **support** the ongoing efforts of the Society of Ortho-Bionomy to increase the visibility of Ortho-Bionomy and to keep the organization functioning to the benefit of all its members.
- A listing in the Ortho-Bionomy directory that you are in the program makes you a more likely candidate for **referrals** and allows instructors and peers to know that you have committed to the program.
- Discount on Associate membership if enrolled in the Practitioner Training Program
- Apart from the above named benefits, being enrolled in the practitioner program is a necessary step to becoming a registered practitioner.

# **SOBI Registered Practitioner Training Program**

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## Registered Ortho-Bionomy® Practitioner Training Program

**Overview:** The Society of Ortho-Bionomy International has developed and oversees four professional Ortho-Bionomy training programs: the Associate Membership Training Program, Registered Practitioner Training Program, Registered Advanced Practitioner Training Program, Registered Instructor Program, and Registered Advanced Instructor Program. The Associate Program is recognition of attaining 114 units of the Practitioner Training. The Practitioner and Advanced Practitioner Training programs are designed to give students a thorough understanding of the principles and philosophy of Ortho-Bionomy in addition to providing extensive hands-on experience in both course work and supervised practice. The Instructor programs are for those who are drawn to teaching Ortho-Bionomy.

Enrollment in Training Programs helps students to create a space to develop relationships with peers and professional colleagues. They gain a sense of community, belonging and support from other students in the program which helps them stay connected between classes. In addition, further work often shifts the students work to a clearer and higher place of evolution.

The Registered Practitioner Training Program is designed to give individuals a thorough understanding of the art and practice of Ortho-Bionomy. The program is focused so the student can apply the principles of Ortho-Bionomy to the techniques they learn. The applicant will also be prepared to present and demonstrate Ortho-Bionomy in their own practice and community.

**How to Start:** To enroll in the Practitioner Training Program complete the application form, attach your payment for your entrance fee (online by credit card/PayPal or check made out to Society of Ortho-Bionomy International) and send it in to the Society office. If you are not a Student or Associate Member, please also complete a membership form. To learn more about Associate Membership, please read through that section of this handbook.

Once you have met the Program requirements and have sent in your application, you will begin filling in your Practitioner Program Record Form. We suggest that you take your program record form with you to your classes, study sessions and advisor meetings so your record form is kept up to date.

The Program Record Forms assist you in keeping records of your class attendance and progress. Space is provided on the form for your instructors to initial the courses as you complete them. It is your responsibility to fill out each section and to give it to the instructor to sign at each class. If you have not had your classes signed off as you have taken them an Instructor can review your certificates and sign off classes on that basis. There is no record of the classes that you attend other than your certificate and Record Form. Please be diligent about completing your forms. The Society Office does not keep a record of classes that students attend until you have fully completed your training and submitted your forms for evolution to Associate Member and Practitioner.

The Society of Ortho-Bionomy does not have a "school" that teaches the curriculum for the Training Programs. Instead there are many Registered Instructors who teach classes, usually on the weekends. Some Instructors teach in Massage Schools or Healing Arts Schools and as such they may offer classes on a set schedule according to those schools' policies. You are encouraged to take classes with multiple Instructors. Classes are listed on the Society website at [www.ortho-bionomy.org](http://www.ortho-bionomy.org) or in the Society's quarterly newsletter. You may take classes in any order provided you meet the prerequisites for any given class. The prerequisites are set by the individual Instructors so you will find some classes may require you to have taken a Phase 4 foundation class while others may not have this requirement. To register for any class please get in touch with the Contact listed for the class that you wish to attend. A Class Contact is the person who is coordinating that class for the Instructor. You will find that most areas have a class coordinator who schedules classes at different times of the year for that area. Some Instructors may also be listed as a Class Contact. Class fees are set by the instructor and will vary depending on travel or location fees. Always check with the Class Contact regarding the fee for the specific class that you are interested in attending. Only classes taught by Registered Instructors in good standing with the Society of Ortho-Bionomy may count toward your Training Program.

## **Directions for Enrolling:**

To enroll in the Practitioner Training Program, you must first meet the entrance requirements listed below:

### Entrance Requirements:

1. Be a current member in the Society of Ortho-Bionomy in good standing (You must be a Student or Associate member of the Society to enroll in the Practitioner Training Program)
2. Pay the Practitioner Program Entrance Fee of \$100
3. Select a program advisor. See the Advisor section for a full description of how to choose an advisor

### **Fees:**

#### **\$100 Entrance/Application Fee**

#### **\$150 Evolverment Fee**

An entrance fee of \$100 payable to the Society of Ortho-Bionomy International is due at the time of your application into the Registered Practitioner Program. An additional evolverment/matriculation fee of \$150 is due on completion of the Program. These fees do not include your annual Practitioner membership fees in the Society. All fees are used to support the activities of the Society (a non-profit mutual benefit professional association). These include the staffing of the Society office, administration of membership and training programs, website, and general Society business. Your fees provide you with affiliation to a registered professional organization and trademark protection.

### **Waivers:**

Waivers of demonstrated course proficiency are available for some of the Practitioner subjects. You must be enrolled in the Practitioner Training Program in order to submit a waiver for classes required for the completion of the Training Program. You may not use the same class for both the Practitioner and Advanced Practitioner Training Program unless the training included enough hours to meet the total requirements for both parts of the Registered Programs. The following classes may be waived and the criteria for waiving these subjects are as follows:

- ***Elements of a Successful Practice*** – (Replaces Business & Marketing) Business management and public relations experience and/or class(es) taken at college or in work related training
- ***Anatomy & Physiology*** – Course taken at a local college, professional training in the medical field, or training in massage school with an equivalent number of hours.

After discussion with your advisor regarding the classes you wish to waive, submit four copies of the following: 1) the waiver form signed by your advisor, 2) the letter requesting your waiver, 3) appropriate documentation which indicates why the class can be waived (such as a school transcript from an accredited institution and/or your résumé documenting your relevant experience) and 4) a letter of support from your advisor describing why s/he believes you have the competence to waive the class. This should be done as early in your Program as possible, as the Practitioner Review Committee only meets four times a year, and your waivers must be approved before you submit your completed paperwork to become a Practitioner. If the Committee approves your waiver request, indicate on your Program Record Form that the class is waived and be sure to submit the approval letter along with your paperwork at the completion of your training. A waiver form can be found in this handbook, check table of contents for page.

### **Choosing Your Advisor:**

An integral part of the Registered Practitioner Training is the guidance, support, and feedback received from an advisor. Although it is strongly recommended that you experience working with as many Registered Instructors, Registered Practitioners and students as possible, the relationship you have with your advisor is unique. S/he will be working specifically with you as you progress in your training. It is necessary to choose

an advisor prior to enrolling in the training program; however, you may begin taking classes and filling out your Program Record Form immediately. Classes taken from a Registered Instructor prior to enrollment in the program count toward fulfillment of Program requirements. It is strongly suggested that you choose an advisor before completing your first 100 hours of the program. **As soon as you have an advisor you may send your Application to enroll in the Practitioner Training Program to the Society office.**

The following are some tips and guidelines for selecting and working with an advisor:

- Can the Instructor clearly articulate what s/he requires from advisees?
- Can the Instructor talk in detail about how s/he views his/her role as advisor?
- Do you feel that you will get the time and attention that you need from the Instructor? Be direct and ask for what you envision or ask the Instructor in what ways s/he is available outside of class for his/her students.
- What are the Instructor's fees for Feedback Sessions, Private Discussions, and Evaluation Sessions?
- Does s/he have a written contract? Not all Instructors have a contract but s/he should be able to talk in detail about what they expect from a student. Talk with several Instructors before choosing an advisor. This is a relationship in which you, as the student, will need to be supported and guided. Find an Instructor who matches your needs and at the same time will challenge you to continue to grow.

**Advisor Eligibility:** A Registered Instructor that has been actively teaching for at least one year, a Registered Advanced Practitioner with at least one year of experience or a Registered Practitioner with at least four years experience may serve as an advisor. An advisor must be actively involved with Ortho-Bionomy through teaching or seeing clients. The above discussion of choosing an advisor talks about an Instructor as your advisor rather than a Practitioner. If you are in an area that has a strong Practitioner who meets the requirements to be an advisor, feel free to interview them as well as an Instructor. Choose the person who will provide you with the best guidance in your training.

**Agreement:** Talk with the advisor of your choice to discuss expectations. Specify what you expect from an advisor and hear what s/he expects her/his role to be. When you come to an understanding that is clear for both of you, put your agreement in writing. You will have your agreement to refer back to if necessary.

**On-going Relationship:** Becoming a Registered Practitioner of Ortho-Bionomy is an on-going process. It is both a personal process and a process of coming to understand the work and how to utilize it. Maintaining on-going communication with your advisor is an invaluable aid in moving along in your process. Together you can establish your own mixture of pre-arranged meetings/sessions and more informal talks and ways to check in. Doing sessions for feedback with your advisor, having him/her observe your work with clients, having one-on-one discussion in person or by telephone are all excellent ways for your advisor to get a sense of where you are in your training and to guide you in your training. It is a good idea to plan together how and when you will stay in contact as part of your initial agreements. Be clear with your advisor if and where a fee is appropriate in exchange for her/his time.

### **Practitioner Training Program Requirements:**

The training program consists of classes, sessions received, private consultations, a lecture/demonstration of Ortho-Bionomy, documentation of sessions with clients, feedback sessions and evaluation sessions with Registered Instructors. In this handbook you will find a complete list of the requirements for the Practitioner Training Program. Below you will find a complete description of each component of the training program. If you have any questions, please ask any Instructor for clarification or you may e-mail the Society office at [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org)

## Class Descriptions

**Basics/Phase Four:** This foundation class covers the history, philosophy and concepts of Ortho-Bionomy and provides an overview of the basic release techniques and anatomy for each major joint in the body. Movements and positions of comfort are demonstrated to facilitate the release of muscular tension and overall stress by stimulating the inherent, self-corrective reflexes of the body which help the body create structural alignment and balance from within. This course is typically taught for specific body area/anatomy, such as Spine, Extremities, Thoracics, etc. to break the coursework into more manageable sections.

**Phase Five:** The focus of Phase Five is to move to a more subtle level of awareness of the practice and principle of Ortho-Bionomy. Specific techniques develop and increase the student's understanding and proprioceptive sensitivity to the self-corrective movements initiated by the client. Through the practice of observing, following and supporting subtle movement patterns, muscular tension is released, range of motion is increased and pain is reduced. In Phase Five, students are encouraged to do less and let the client be the guide for his/her exploration of change.

**Phase Six:** This class is designed to help participants access and track sensation and energetic perception in themselves and in their clients, and to learn how to make contact without necessarily engaging physically. Techniques will be presented that monitor and acknowledge the inter-relationship between energetic, emotional and physical levels and that demonstrate how energetic shifts can affect changes in physical patterns.

**Phase Seven:** This class demonstrates the principles and applications of the Phase Seven pattern to assist with self-correction. The pattern addresses all levels of human experience and teaches participants a non-forceful, elegant way to approach problems of many kinds.

**Exploration of Movement Patterns:** Exploration of Movement Patterns adds a dynamic dimension to the positional release techniques. Participants will learn to recognize and palpate patterns of joint and muscle movement in order to facilitate increased range of motion to promote a general sense of well-being in the body. By gently exploring and supporting preferred patterns of movement or stillness, the client is invited to actively participate and recognize their patterns. Functional anatomy will also be discussed.

**Postural Re-Education and Post Techniques:** In this class participants learn to evaluate and address inefficient postural habits through accurate observation and simple exercises. Techniques to work with spinal curvatures and scoliosis are presented and practiced, including related anatomy. Post techniques focus on assessing and releasing areas of tension as well as integrating the work done in a session. In addition, exercises are taught to facilitate the client's ability to maintain balance through the neuro-muscular re-education of postural habits.

**Isometrics:** Isometric and isotonic techniques for working with inefficient muscular tension patterns as well as underdeveloped muscle tone are presented and practiced, including related anatomy. Through the use of restraining movement while the muscle is engaged, self-correcting reflexes are stimulated and habitual holding patterns can be released. Participants learn how the conscious use of obstacles can help promote change from rigid physical patterns to greater mobility and allow the client to actively participate in the session.

**Chapman's Reflexes:** This class presents the Chapman's Reflexes system of identifying and stimulating reflex points to facilitate lymphatic drainage and the balancing of the organs. The class also focuses on the relationship between the neurolymphatic reflexes and the endocrine system and its affect on structural balance as well as the individual's physical and emotional well-being.

**Ethics and Emotional Issues:** Participants learn skills for addressing emotional responses that may arise during a session in an appropriate and professional manner. In addition, participants discuss the guidelines for professional conduct and review the Society of Ortho-Bionomy International's Code of Ethics.

**Elements of a Successful Practice:** This class addresses the business side of having an Ortho-Bionomy practice. Participants learn about issues such as marketing and advertising, developing a business plan, setting up an office, setting fees, and attending to tax and legal issues. The class also covers communication with clients, record keeping and staying within the scope of practice.

**Demonstration Skills:** In this class participants learn how to describe and present Ortho-Bionomy to family, friends and the public in general. Participants are encouraged to find ways to communicate the "unexplainable" and practice presenting Ortho-Bionomy in a clear and accurate way. Techniques for building confidence and for improving public speaking and presentation are included.

**Residential:** Residential training programs provide participants with the opportunity to broaden and deepen their understanding of Ortho-Bionomy techniques and principles through an in-depth immersion for five or more days of uninterrupted study. Residentials allow time for learning and personal growth as well as relaxation to facilitate the integration of technique, philosophy and the qualities of "Be-ing" rather than "doing".

**Practitioner Training Seminar:** This seminar addresses issues and questions that arise for individuals completing the Practitioner Training Programs and helps participants synthesize their entire training experience. The class format includes time to discuss questions or problems that arise during a session, an opportunity to receive feedback and supervision about difficult cases, and information on how to best structure a session, set fees, and communicate with clients. Participants can also discuss their changing role in the community as they move from being a student to becoming a professional in the health care field.

**Anatomy and Physiology:** Anatomical and physiological structures and functions relevant to the practice of Ortho-Bionomy are presented in this class. Both general classes as well as classes which focus on specific systems or body parts are available. Additionally, functional anatomy plays an integral role in many of the classes in the training program.

**Study Groups:** Study groups are tailored to the participants needs and give students a chance to review techniques, receive clarification about the application and principles of Ortho-Bionomy and to gain insight about specific client cases or situations that concern them.

**Electives:** The principles and techniques of Ortho-Bionomy can be applied in many different circumstances and situations. Elective courses provide participants with more specialized techniques and applications. Elective topics include: Self Work, Cranial Work, Ortho-Bionomy Approach to Whiplash, TMJ and Carpal Tunnel Syndrome, Visceral Work, Women's Care, Men's Care, Witnessing and Clear Presence, Shock and Trauma Resolution, Beyond Technique, and others.

**Cranial:** This seminar applies the principles of Ortho-Bionomy energy work to the function of the cranial system. Participants are encouraged to feel the energetic patterns existing in the cranial system and allow the recipient to find a better balance through the self-correcting reflexes.

**Self Care:** The Self Care class will demonstrate specific exercises that clients and practitioners can do to facilitate release of structural imbalances and discomfort within themselves, as well as providing clients with exercises that they can do after the session to integrate the changes experienced within the session itself.

**Tutorials (20 units):** Tutorial time spent with your advisor or instructor augments your study of Ortho-Bionomy outside regular classes. The 20 units required include: **1)** received sessions, **2)** sessions for feedback, **3)** sessions for evaluation and **4)** consultations. A unit is equal to approximately one hour – individual segment length of tutorial time is at the discretion of the advisor.

**1) Sessions Received (8 units):** As part of your tutorials, sessions received from a Registered Instructor or Registered Practitioner during the course of your training help you to understand and integrate what you have learned in class and what happens with the client (on the table and the follow on).

**2) Sessions for Feedback (3 units):** Feedback sessions (initiated by you, the student) are required with a Registered Instructor or other individual qualified to be an Advisor (see Advisor Eligibility page 5). These sessions allow you to receive feedback on your work, separate from evaluation. At least two of the feedback sessions should be from an Instructor. It is helpful to have a session for feedback from more than one individual and useful to have one of those individuals be your advisor. The program highly recommends that you complete a minimum of one session for feedback during each 100 unit period of training.

**3) Sessions for Evaluation (3 units):** These are sessions that you, the applicant give to a Registered Instructor, Associate Instructor or Advanced Practitioner in good standing to demonstrate your Ortho-Bionomy skills. The recipient provides feedback and documentation (letter) of the evaluation. At least two of the evaluations must be with Registered Instructors, and one from the student's advisor.

**4) Consultations - formerly Private Discussions (9 units):** As part of your tutorials, this is one-to-one time that you arrange to spend with a Registered Instructor or Associate Instructor to discuss your own questions and concerns about any aspect of Ortho-Bionomy. Not all of the private discussions need to be with your advisor. If your advisor is a Practitioner and not an Associate or Registered Instructor, s/he can offer you up to 3 consultations for credit.

Be sure to document your tutorial time. Include time, date and Instructor comments. At the end of your program, your advisor will check your documentation and sign an acknowledgement of the fulfillment of requirements. Fees for tutorial time are arranged by the individual instructors.

**Study Groups (Minimum of six 3 hour sessions):**

A group led by a Registered Instructor or Associate Instructor that meets to address the interests of participating students, i.e. review of class material, practice of technique, demonstration of Ortho-Bionomy, sharing/questions concerning ethical and emotional issues, approaches to issues that have come up in the practice of Ortho-Bionomy, etc. Study group fees are determined by the individual instructors. The Instructor or Associate Instructor must complete your Program Record Form in order for the Study Group to count toward your training requirements. Additional Workshops taken beyond those required by the Practitioner program can substitute for up to 2 of the 6 required study groups if the advisor agrees\*.

**Peer Practice Sessions (Recommended, optional, not for program credit):** Students are strongly encouraged to meet with their peers to review and practice Ortho-Bionomy. Such meetings can greatly enhance learning and embodying the work. They are particularly helpful where there is not regular, easy access to an Instructor. Unresolved questions arising from these sessions make excellent tutorial topics with your advisor.

**Documented Sessions (Supervised Practice):** The 150 documented session hours with clients must be with a minimum of 20 different people. Each session must be a minimum of 30 minutes (even if the session extends beyond one hour it will still count as one) and must consist entirely of Ortho-Bionomy. We recommend that you begin documenting sessions given outside of class immediately upon your entrance into the program.

Keep a notebook of your sessions. A sample (master) of a form for the session can be used. At the completion of each section of your sessions (three sections of 50 sessions) set up an appointment with your



advisor to discuss the sessions and initial the program record form. It is helpful to submit the documented sessions in advance of the tutorial so that your advisor can prepare for the meeting.

### **Evaluation for Registered Practitioner Program**

Upon completing the Practitioner Training Program curriculum, you will enter into the evaluation phase of your program. The following activities are included as part of your evaluation process:

1. Three sessions given to Registered Instructors or Advanced Practitioners. At least two of the evaluations must be with Instructors and one with the student's advisor. (Documentation required)
2. Demonstration of Ortho-Bionomy given as an introduction to your practice, to a minimum of four people, observed by an Instructor.
3. A short typed essay (at least one page) on what the philosophy and principles of Ortho-Bionomy mean to you personally and professionally.

*\* Note: On September 28, 2004, SOBI initiated a trial practice of permitting Study Groups to be facilitated by a Registered Practitioner or Advanced Practitioner with at least one year of Practitioner experience. This trial ended as of December 31, 2006. Up to three such study groups taken between September 28, 2004 and December 31, 2006 will also count for credit, but in that case classes cannot be substituted for study groups.*

### **Completing Your Evaluation:**

When you have completed your evaluation activities, **send four individually stapled completed packets of the required documentation to the Society office.** All waivers must be approved by the Practitioner Review Committee (PRC) **prior to sending in your final packet.** Please do not send in your materials piecemeal. Please remember to keep the originals of all documentation for yourself. To confirm you are ready to submit copies of your Practitioner Training Program refer to the **Final Checklist** (included in this handbook, see table of contents) **Prior to Sending Documentation to the Society Office for the PRC..**

### **Submission To Become A Registered Practitioner:**

Once you have completed all the requirements and documentation to become a Practitioner, including having your advisor sign off on your completed Practitioner Training Program Record Form, please send to the SOBI office **4 copies of your Practitioner Training Program packet.** This includes:

- 1) a typed letter announcing your request to be registered as a Practitioner,
- 2) letters of Recommendation from the three instructors who received your evaluation sessions,
- 3) a letter of recommendation from the Registered Instructor who observed your demonstration,
- 4) documentation of approved waivers of any requirements,
- 5) your Program Record Form, with your advisor's signature confirming satisfactory completion of program and the documentation,
- 6) your completed typed essay.
- 7) the \$150 matriculation fee to the Society.

Please **keep the originals of all your documentation** and send an additional copy of your packet to your Advisor. **(Total copies required: 5, four for SOBI, one for advisor)**

Please **send your complete packet at least two weeks prior to the submission deadline** to confirm you make the deadline and, if there is anything missing from your packet, you have time to submit this documentation and do not have to wait for the next submission date. The Practitioner Review Committee (PRC) submission **deadlines are March 15, June 15, September 15 and December 15.** The PRC will verify the completeness of the file and also conduct a qualitative examination of the documentation to assess the readiness of a candidate to become a Registered Practitioner. The PRC may approve your application or request some clarification or additional work for you to qualify. The PRC may also contact your advisor for clarification. Please note the review committee will only review one level of evolution at a time and therefore, you must have previously registered for the Training program for which you are applying.

**A complete submission checklist has been provided in this Practitioner Training Program Handbook (pg 17).**

The SOBI office holds all paperwork until the next committee date, at which time your Practitioner paperwork is sent to the three Instructor/Practitioner members of the Practitioner Review Committee (PRC). The committee reviews all of your documentation and assesses if you are ready to evolve to the Practitioner level. The Practitioner Review Committee may request some clarification or some additional work based on their review of the application.

The SOBI office receives notice of decisions from the PRC by the next submission deadline. As soon as notice is received from the PRC, the SOBI office will email or mail you the results of your submission. Once you have been approved by the PRC as a Practitioner, you will receive correspondence from the Society of Ortho-Bionomy welcoming you as a Registered Practitioner member, as well as a Practitioner Certificate. **Please note it takes approximately 8 weeks from notice of your evolution for your certificate to be mailed.** As a student or associate member, you may need to pay the difference between your current membership level and the Practitioner level to make your membership current for the year. This depends on where you are in your membership cycle. Please remember, you must be in good standing with the Society to receive your certificate.

#### **Registered Practitioner Benefits:**

As a Registered Practitioner member of the Society, you will

- 1) have voting privileges,
- 2) receive referrals through the Society office,
- 3) receive logo sheets from the Society,
- 4) be entitled to use the words "Registered Practitioner", "Practitioner of Ortho-Bionomy" on your literature and personal website,
- 5) will be listed on [www.ortho-bionomy.org](http://www.ortho-bionomy.org) with your contact information specified in the Practitioner/Instructor locator,
- 6) be entitled to use the Sand Dollar registered mark and all of the other benefits included as part of Student or Associate membership,
- 7) be eligible for any workshop offered by the Society for Practitioner and Practitioner/Instructor members only.

#### **Continuing Education Units:**

Sixteen units of continuing education are due every other year, along with the annual payment of membership dues to maintain active status as a Registered Practitioner. All Continuing Education must be taken with a Registered Ortho-Bionomy Instructor in good standing.

*Congratulations on your decision to begin the Practitioner Training Program and enjoy your journey.*

# Society of Ortho-Bionomy International Trademark Guidelines and Code of Ethics

## TRADEMARK GUIDELINES

**The Society of Ortho-Bionomy International, Inc. owns these registered trademarks: Ortho-Bionomy<sup>®</sup>, Society of Ortho-Bionomy International<sup>®</sup>, and the Sand Dollar design.**

The Society encourages its members to promote their individual Ortho-Bionomy practices in ways that maintain the integrity and reputation of the Society's programs and services.

**STUDENT MEMBERS:** Student Members **cannot** use any of the Society's trademarks.

### ASSOCIATE MEMBERS:

Associate Members **can**:

- 1) use the term Ortho-Bionomy in promotional literature by listing "Ortho-Bionomy<sup>®</sup>" among the bodywork modalities that they practice.
- 2) also state that they are members of the Society of Ortho-Bionomy International<sup>®</sup>.

Associate Members **cannot** :

- 1) use the Society's trademarks in any way that suggests they specialize in, or exclusively practice, Ortho-Bionomy or in any way that suggests they have completed the Society's Registered Practitioner Program.
- 2) use the words "registered," "practitioner," or "instructor" in conjunction with the term Ortho-Bionomy<sup>®</sup>.
- 3) use the Sand Dollar trademark.

### PROFESSIONAL MEMBERS:

Professional Member (Practitioners, Advanced Practitioners, all levels of Instructors) can use the trademarks Ortho-Bionomy<sup>®</sup>, Society of Ortho-Bionomy International<sup>®</sup> and Sand Dollar design in promoting their Ortho-Bionomy practice or teaching.

Practitioner Members can also use the phrase "Registered Practitioner of Ortho-Bionomy<sup>®</sup>" in promotional literature. Instructor Members can use the phrase "Registered Instructor of Ortho-Bionomy<sup>®</sup>." The Sand Dollar trademark may be used in any size, **but it may not be modified in any other way**. The Sand Dollar trademark must always be accompanied by the symbol "®". In order to ensure that Ortho-Bionomy training meets the standards of the Society, Instructor Members must submit their instructional materials to the Society for review and approval.

**Society of Ortho-Bionomy International<sup>®</sup>**

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## CODE OF ETHICS

*As a registered member of the Society of Ortho-Bionomy International I agree to uphold the highest standards of professional behavior, guided by the Code of Ethics stated below.*

1. The philosophy and concepts of Ortho-Bionomy shall be the guiding principles in my work with clients.
2. I will at all times render the highest quality of services possible for the well being and benefit of my client.
3. I will only offer skills or services in which I have specifically been trained. For issues that fall beyond the scope of my practice, I will refer clients to other qualified professionals.
4. To protect the privacy of my clients, I will keep all communications, clients' records and client identity confidential.
5. Recognizing the vulnerability of the client in a therapeutic relationship, I will maintain the highest standard of professional conduct. I will show regard for common legal, moral and ethical standards.
6. To preserve the integrity of Ortho-Bionomy, I will make a clear distinction between Ortho-Bionomy and other modalities that I use.
7. I will bring to the notice of the Society any action of another member that appears to be ethically inappropriate or contrary to standards set by the Society.
8. I will use all Society trademarks only in accordance with the current established guidelines. Failure to follow guidelines will lead to suspension of said trademark use.
9. I will endeavor to improve my technical skills and professional standards through continuing educational training.
10. I will uphold professional relationships, never slandering a member of the Ortho-Bionomy community or the allied professional community.
11. Anyone in my employment will abide by the policies and trademark regulations set by the Society of Ortho-Bionomy.
12. I will display a copy of this code of ethics in my work area where it is clearly visible.
13. I understand that transgression of the Codes of Ethics may result in the surrender of my membership.

**Society of Ortho-Bionomy International**<sup>®</sup>  
5335 N. Tacoma Avenue Suite #21G, Indianapolis, Indiana 46220  
E-mail: [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org) [www.ortho-bionomy.org](http://www.ortho-bionomy.org)  
Phone: 317-536-0064 Fax: 317-536-0065

## SOBI New Student Membership Form

**Student Membership in the Society of Ortho-Bionomy International includes the following benefits:**

- One year subscription to "Ortho-Bionomy News" the Society's quarterly newsletter.
- The "Membership and Skills Directory" published yearly, along with online member profile.
- Discounts on many classes, discounts on services offered in the Membership and Skills Directory, and discounts on our Annual Conference registration fees.
- Discount on membership (which includes insurance coverage) in the Associated Bodywork & Massage Professionals (ABMP) if you qualify. Contact ABMP to join 800-458-2267.
- Membership information including: articles, descriptions of courses and training programs, and other information helpful to your continued study and practice of Ortho-Bionomy.

Please print your information below as you wish it to be listed in the Membership Directory.

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

Address \_\_\_\_\_

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

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone (Work) \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Phone (Home) \_\_\_\_\_

**IMPORTANT:** Please check one of the options below. If left blank, it will default to electronic newsletters

I prefer to receive correspondence and newsletters  **via email**  **in the mail (add additional \$25)**

Please list any additional information you would like added to your listing in our Membership and Skills Directory (25 word maximum please):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Membership Fee: \$30.00**

**Instructors: Please print name and sign below if student is signing up in class:**

Instructor Name: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

You may pay by credit card/Paypal on the SOBI website [www.ortho-bionomy.org](http://www.ortho-bionomy.org) or make your check/money order in U.S. funds payable to SOBI.

**You will be notified within 2-4 weeks of the SOBI office receiving your completed membership form and payment.**

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 Phone: 317-536-0064 Fax: 317-536-0065

## Registered Practitioner Training Program Application

*Please Type or Print Clearly*

**Society of Ortho-Bionomy International<sup>®</sup>**

5335 N. Tacoma Avenue Suite #21G, Indianapolis, Indiana 46220

E-mail: [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org) [www.ortho-bionomy.org](http://www.ortho-bionomy.org)

Phone: 317-536-0064 Fax: 317-536-0065

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

Address \_\_\_\_\_

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

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone (Work) \_\_\_\_\_

E-mail \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

**Advisor Information (Required for entrance into the Practitioner Training Program):**

Advisor Name (Please print legibly) \_\_\_\_\_

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

**Enrollment Fee: \$100**

You may pay by credit card/Paypal on the SOBI website [www.ortho-bionomy.org](http://www.ortho-bionomy.org) or make your check/money order in U.S. funds payable to SOBI.

You will be notified within 2-4 weeks of the SOBI office receiving your completed Training Program Application and payment.

## Associate Membership Training Program Summary

### Benefits of Completion of Ortho-Bionomy Associate Member Training:

- **Limited Trademark Privileges:** Associate Members may use the term “Ortho-Bionomy®” in their promotional literature by listing Ortho-Bionomy among the modalities they practice. (However this cannot give the impression, directly or indirectly, that the user is a Practitioner or Instructor of Ortho-Bionomy).
- **Referral Listings:** Online Listing in “Find a Practitioner” & listing in the “Member Resource Directory”
- **Insurance Discount:** Discount on liability insurance & membership with Associated Bodywork & Massage Professionals (ABMP) in the U.S., if qualify.
- **Practitioner Training Program (PTP) – Associate units transfer directly to the Practitioner Training Program.** Those completing the Associate Training Program are ¼ through the Requirements of the PTP and have completed over 35% of the classroom units. Those trained in complementary modalities may be eligible for waivers for some coursework, placing them over 50% through the classroom units of the PTP.
- **Discount on SOBI Membership** – \$15 off membership by also applying for the Practitioner Training Program
- **Voting Privileges:** Associate Members are entitled to vote on general matters pertaining to the Society of Ortho-Bionomy International such as electing the Board of Directors.
- **Newsletter Subscription** to “Ortho-Bionomy News” the Society’s quarterly newsletter and e-newsletters.

### Evolution Requirements to Complete Associate Member Training Program (114 total units):

**Complete 114 units of Ortho-Bionomy instruction** consisting of a minimum of 32 units of Basics/Phase Four, 16 units of Phase Five, and 16 units of Phase Six. The balance of units should be from the Registered Practitioner Training Program (PTP). Note: The Associate units transfer directly to the PTP.

- **Ethics requirement:** There are two options to meet the Ethics requirement: tutorial or class
  1. **Tutorial:** A 3 hour Ethics tutorial with an Ortho-Bionomy Instructor. This would also count for a tutorial in the PTP.

**OR**

  2. **Ethics and Emotions (E&E) Class:** Completing an 8 unit or a 16 unit Ortho-Bionomy Ethics & Emotions (E&E) course. This would count towards 8 or 16 units of E&E in PTP.
- **Receive an Ortho-Bionomy Session (1 unit):** Receive a session from a Registered Practitioner, Advanced Practitioner or any level of Instructor.
- **Give an Ortho-Bionomy Session for Feedback (1 unit):** Complete a satisfactory feedback session with a Registered Instructor of Ortho-Bionomy.
- **Associate membership fee\*** - \$115, discounted to \$100 if also enrolled in Practitioner Training Program.
- **Mail, Fax or Email 1 legible copy of your completed Associate program evolution form and Practitioner Program Form. Keep your originals for your records**

\*Note: If you are currently a Student member and are not due to renew, you may pay the difference between the Associate and Student fee. Example: Your new associate membership is \$115 – if you already paid as a student member, then the difference is due for your evolution.

### Associate Member Continuing Education Requirement:

Associate Members complete 16 units of continuing education in Ortho-Bionomy every two years.

One of the following: A scan, or copy of the certificate, or details of attendance, or other documentation must be included with payment of dues.

# Ortho-Bionomy Associate Membership Evolution Form (please write clearly)

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

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Check if new member or updated contact information

**Associate Portion of Practitioner Training Program:** Trainee has completed the following, as shown on their practitioner training program record form, and met the requirements to evolve to Associate member:

- 32 units Phase IV
- 16 units Phase V
- 16 units Phase VI

- 1 option from Ethics requirement – see below
- 1 Session Received
- 1 Feedback Session with instructor signature below
- 32-45 Elective units for program total of 114 units

**Ethics Requirement:** (3, 8 or 16 units) check the box below for the option you choose and have instructor sign

**Tutorial Option:** 3 unit Associate Ethics Tutorial (this transfers to a study group on the Practitioner Training Program), trainee will complete additional 45 class/elective units to complete the 114 unit Associate program.

**Tutorial**

<b>Instructor Signature</b>	<b>Date</b>

**Class Option:** 8 or 16 unit Ethics & Emotional Issues Course, trainee will complete additional 40 or 32 class/elective units to complete the 114 unit Associate program.

**Ethics Class**

Class	Date	Unit	Instructor Signature

**Instructor Recommendation:**

I (*Registered Instructor*) \_\_\_\_\_ have received a satisfactory feedback session from the Associate member trainee listed above and find that s/he has a competent understanding of Ortho-Bionomy to evolve to Associate member.

**Directions:** Mail, Fax or Email one copy of this page, and page 2 and 3 of the Associate/Practitioner Program Record form, (which show the record of the classes you have completed) for your Associate program & fee to SOBI. The downloaded Associate form includes these pages. Please keep original for yourself.

Associate Membership Fee: **\$115, \$100 if Registered in Practitioner Training\***

You may pay by credit card/Paypal on the SOBI website [www.ortho-bionomy.org](http://www.ortho-bionomy.org) or make your check/money order in U.S. funds payable to SOBI. \*If you are a current member not due to renew within the next 4 months **you may pay the difference between the Associate and Student fee.** Example: Your new associate membership is \$115 –you already paid \$55 as a student member = \$60 due for your evolution year.

**You will be notified within 2-4 weeks of the SOBI office receiving your completed Associate Membership Evolution Form and payment.**

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**Practitioner Program Curriculum Checklist:**

(Units are approximately equal to one hour, 16 units per weekend)

As you complete each class or requirement, check the appropriate box below.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64 Units	Phase IV
<input type="checkbox"/>				16	Phase V
<input type="checkbox"/>				16	Phase VI
<input type="checkbox"/>				16	Postural Re-education & Post Techniques
<input type="checkbox"/>				16	Isometrics
<input type="checkbox"/>				16	Exploration of Movement Patterns
<input type="checkbox"/>				16	Chapman's Reflexes
<input type="checkbox"/>				16	Ethics & Emotional Issues
<input type="checkbox"/>				16	Demonstration Skills
<input type="checkbox"/>				16	Elements of a Successful Practice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	Anatomy & Physiology
<input type="checkbox"/>				16	Elective(s)
<input type="checkbox"/>				40	Residential (5 day minimum)
<input type="checkbox"/>				16	Practitioner Training Seminar
<input type="checkbox"/>				18	Study Group (six 3/hour minimum)
<input type="checkbox"/>				8	Sessions Received
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Feedback Sessions
<input type="checkbox"/>				9	Consultations (formerly Private Discussions)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Evaluation Sessions
<input type="checkbox"/>				1	Supervised Demonstration (one)
<input type="checkbox"/>				1	Essay
<input type="checkbox"/>				150	<u>Documented Sessions</u>
				505 Units Total	

**Final Evolverment Portfolio Checklist** Prior to Sending to the Society Office for review by the Practitioner Review Committee (PRC) & SOBI Board of Directors. **4 copies of each:**

- Letter announcing applicant's request to be registered as a Practitioner (Typed) - Applicant
- Confirm all curriculum requirements have been signed off by the instructor or your advisor
- Essay (Typed) - Applicant
- Copy of PRC approved Anatomy or Elements of Successful Practice waivers, if applicable
- Letters of Recommendation including evaluation sessions documentation – Instructors
- Letter of recommendation from the Registered Instructor who observed your demonstration (Typed)
- Advisor Signature confirming completion of program and completion of evolverment portfolio
- 4 individually stapled copies of program records, waivers and support documentation (evolverment portfolio)
- Please keep a copy of completed Practitioner evolverment portfolio for applicant's records**
- 1 copy of completed Practitioner evolverment portfolio mailed to your Advisor
- Mail in 4 individually stapled portfolio copies (**mail marked "no Signature required"**) to the Society office **at least two weeks** prior to the next PRC deadlines - deadlines are March 15, June 15, September 15 and December 15. Only one level of evolverment will be reviewed at a time and the applicants must be a member of SOBI, completed their Practitioner application and registered for the Practitioner Training program before they send in their final portfolio for submission.
- \$150 Evolverment Fee to the Society of Ortho-Bionomy International

You will receive notice from the SOBI office that your portfolio has been received either by e-mail or mail. The office will contact you if there are any questions regarding your completed Practitioner portfolio, so please send it in early, so there is time for the applicant to add materials and still make the deadline. **The SOBI Office can charge \$25 for incomplete portfolios and/or that require signature at the Post Office.** Please check that you have 4 complete individually stapled portfolios sent without delivery signature.

Registered Practitioner Program Record Form (Page 1 of 6)

Please Type or Print Clearly

Society of Ortho-Bionomy International®

5335 N. Tacoma Avenue Suite #21G, Indianapolis, Indiana 46220

E-mail: office@ortho-bionomy.org www.ortho-bionomy.org

Phone: 317-536-0064 Fax: 317-536-0065

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

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Date Enrolled in Practitioner Training Program \_\_\_\_\_

Date Completed Practitioner Training Program \_\_\_\_\_

Advisor Information:

Advisor Name (Please print legibly) \_\_\_\_\_

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

Date Advisor Signed \_\_\_\_\_

# Associate and Registered Practitioner Program Record Form cont'd (Page 2 of 6)

## Phase IV (64 units)

Location	Date	Units	Instructor Signature

## Phase V (16 units)

Location	Date	Units	Instructor Signature

## Phase VI (16 units)

Location	Date	Units	Instructor Signature

## Postural Re-education & Post Techniques (16 units)

Location	Date	Units	Instructor Signature

## Isometrics (16 units)

Location	Date	Units	Instructor Signature

## Exploration of Movement Patterns (16 units)

Location	Date	Units	Instructor Signature

## Chapman's Reflexes (16 units)

Location	Date	Units	Instructor Signature

## Ethics & Emotional Issues (16 units)

Location	Date	Units	Instructor Signature

## Demonstration Skills (16 units)

Location	Date	Units	Instructor Signature

# Associate and Registered Practitioner Program Record Form cont'd (Page 3 of 6)

## Elements of a Successful Practice (16 units)

Location	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

## Anatomy & Physiology (32 units)

Location	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

## Residential (40 units – 5 day minimum)

Location	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

## Practitioner Training Seminar (16 units)

Location	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

## Electives (16 units)

Class	Location	Date	Units	Instructor Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Sessions for Feedback (3 units)

### 1. Session for Feedback

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

Focus of session, Instructor comments and recommendations: \_\_\_\_\_

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

### 2. Session for Feedback

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

Focus of session, Instructor comments and recommendations: \_\_\_\_\_

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

### 3. Session for Feedback

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

Focus of session, Instructor comments and recommendations: \_\_\_\_\_

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

# Registered Practitioner Program Record Form cont'd (Page 4 of 6)

## Study Groups (18 units – six 3 hour minimum)

1. Date: \_\_\_\_\_  
Inst./Pract. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date: \_\_\_\_\_  
Inst./Pract. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date: \_\_\_\_\_  
Inst./Pract. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date: \_\_\_\_\_  
Inst./Pract. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Date: \_\_\_\_\_  
Inst./Pract. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Date: \_\_\_\_\_  
Inst./Pract. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Registered Practitioner Program Record Form cont'd (Page 5 of 6)

**Tutorial** It is recommended that for every 100 classroom units you complete, you receive 3 sessions, do 1 session for feedback and participate in 3 private discussions. Tutorials include 8 units of sessions received, 3 sessions given for feedback, and 9 units of consultations.

### Sessions Received (8 units)

Date	Instructor/Practitioner	Date	Instructor/Practitioner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Consultations (9 Units)

- Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_

### Documented Sessions (150 Units)

	Date	Units	Instructor Signature
Reviewed	_____	50	_____
Reviewed	_____	50	_____
Reviewed	_____	50	_____

# Registered Practitioner Program Record Form cont'd (Page 6 of 6)

## Evaluation Sessions (3 Units)

	Date	Instructor Signature
<input type="checkbox"/> Documentation of Session Attached	_____	_____
<input type="checkbox"/> Documentation of Session Attached	_____	_____
<input type="checkbox"/> Documentation of Session Attached	_____	_____
<input type="checkbox"/> <b>Supervised Demonstration (1 Unit)</b>	Documentation of Demonstration Attached	
Date: _____	Instructor Signature: _____	

## Essay

Typed Essay – Attached

## Additional Classes

Class	Location	Date	Units	Instructor Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes: \_\_\_\_\_

Advisor/Instructor Signature Confirming Completion of Program

(Advisor/Instructor Name Printed)

I \_\_\_\_\_ have reviewed the completed Record form and supporting documentation and the applicant has completed and documented the required elements for submission to satisfactorily evolve to Practitioner.

\_\_\_\_\_  
Advisor/Instructor Signature

\_\_\_\_\_  
Date

**Society of Ortho-Bionomy International®  
Practitioner Training Program Class Waiver Request**

**(Submit 4 copies of the waiver form, letters and support documentation)**

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

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

I \_\_\_\_\_ am requesting a waiver for the following Practitioner Training

Program requirements of:

\_\_\_ Elements of a Successful Practice – Business management and public relations experience and/or class(es) taken at college or in work related training.

Please attach a **letter** to the Practitioner Review Committee **detailing** the **reasons** a waiver should be granted as well as a **letter** of support **from** your **advisor**. All letters must be typed & copied/included with **each** packet.

\_\_\_ Anatomy & Physiology – Course taken at a local college, professional training in the medical field, or training in massage school with an equivalent number of hours. Letter from applicant required, No letter from advisor .

Supporting documentation should be attached. See complete instructions on completing a waiver request.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send 4 copies with documentation to:**

**Society of Ortho-Bionomy International®**  
5335 N. Tacoma Avenue Suite #21G, Indianapolis, Indiana 46220  
E-mail: [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org) [www.ortho-bionomy.org](http://www.ortho-bionomy.org)  
Phone: 317-536-0064 Fax: 317-536-0065

**(Committee Use Only)**

\_\_\_ Request Granted (PRC Chairperson) \_\_\_ Request Not Granted (Explanation Attached)

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