

Application to Instructor Training Program (Page 1)

Name	_____	Date	_____
Address	_____		
City	_____	State/Province	_____
Zip/Postal Code	_____	Country	_____
E-mail	_____	Phone	_____

Instructor Training Program Enrollment Fee: \$100.00

Office will confirm receipt of packet and email 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

The following Registered Instructor(s) has/have agreed to serve as the trainee's Advisor(s). They have discussed the training process with the Trainee. They submit that their advisee is eligible and prepared for instructor training, and their application forms are complete.

Advisor Name

Email

Signature

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

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

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 their 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.

Society of Ortho-Bionomy International®

Phone: 317-426-1261

E-mail: office@ortho-bionomy.org

Web: www.ortho-bionomy.org

**Recommendation Form for Entrance
Into Instructor Training Program (Page 1 of 2)
From Advisor or Instructor**

Trainee Name _____ Date _____

Phone _____ E-mail _____

.....
Instructor name: _____

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 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: _____

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

Trainee Name _____

Date _

Instructor Name: _____

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