

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

Instructor Signature	Date
-----------------------------	-------------

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: Email copy of this page, and page 2 and 3 of the Associate/Practitioner Program Record form as a single PDF, (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: **\$125, \$110 if Registered in Practitioner Training***

You may pay by credit card/Paypal on the SOBI website www.ortho-bionomy.org *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 \$125 –you already paid \$65 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.

Society of Ortho-Bionomy International[®]
E-mail: office@ortho-bionomy.org
Phone: 317-426-1261 www.ortho-bionomy.org

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.
- **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.
- **Classes taken for Associate Member level** transfer directly to Practitioner Training Program.

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.
- **Email 1 legible copy of your completed Associate program evolution form and Practitioner Program Form to office@ortho-bionomy.org 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 – you already paid \$55 as a student member = \$60 due for your evolution year.

Associate Member Continuing Education Requirement:

Associate Members complete 16 units of continuing education in Ortho-Bionomy every two years and submit a copy of the class certificate, via email to the SOBI office at office@ortho-bionomy.org Email copy when renewing dues biannually.

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: _____

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
_____	_____	_____	_____