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Class Waiver Request Form
For the Practitioner Training Program



Name _____ Date _____

Address _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone _____

E-Mail _____

I am requesting a waiver for the following Practitioner Training Program requirements of:

_____ **Anatomy & Physiology** – I have met one of the following 3 available waiver requirements:

1. College Course
2. Professional training in the medical field
3. Training in massage school with an equivalent number

of hours Documentation Includes:

- Typed Letter from applicant required detailing reasons for waiver, No letter from advisor required
- Transcript/Support documentation
- Scan all documents into a single PDF and email to office@ortho-bionomy.org

_____ **Elements of a Successful Practice** – I have met one of the following 2 available requirements:

1. Business management and/or public relations experience
2. Class(es) taken at college or in work

related training Documentation Includes:

- Typed Letter from applicant detailing reasons for waiver
- Typed Letter from advisor supporting waiver request
- Transcript/Support documentation
- Scan all documents into a single PDF and email to office@ortho-bionomy.org

Applicant Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Required:

- Trainee must be a member of SOBI
- Trainee must be enrolled in the Practitioner Training Program
- Emails letters and support documentation, with waiver form as cover/first page of the waiver packet.
- Waiver must be approved in a separate PRC session PRIOR to submitting final evolvment portfolio

E-mail: office@ortho-bionomy.org www.ortho-bionomy.org Phone: 317-426-1261

(Committee Use Only)

___ Request Granted (PRC Chairperson) ___ Request Not Granted (Explanation Attached)

Signed: _____ Date: _____