

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: **\$115, \$100 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 \$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.

Society of Ortho-Bionomy International®
E-mail: office@ortho-bionomy.org
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