##### Request for Evolvement to Associate Instructor

Trainee Name       SOBI Member #

Address

City       State/Province       Zip/Postal Code

Country       E-mail

Phone (Home)       Phone (Work)

Pronouns (check any that apply to you that you would like to share)

She  He  They  Other:

**Checklist:**

I formally request to be considered for evolvement to Associate Instructor.

I am currently a registered Advanced Practitioner.

I have competed Instructor Training Seminar Part I and 6-12 Observations/Bench Assists.

I am submitting my completed Associate Instructor Evolvement Packet (which includes this form).

Trainee Signature       Date

Evolvement Fee: $150

Invoiced from SOBI office after receipt of your packet

Note: This fee includes evolvement to both Associate Instructor and Instructor.