##### 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.