##### Request for Evolvement to 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 Instructor.

[ ]  I am a current SOBI Registered Associate Instructor.

[ ]  I have completed Instructor Training Seminar Part I and Part II and all required Observations/Bench Assists, Co-Teaches, Supervised Teaches and additional training (if applicable).

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

Trainee Signature       Date