Advisor Selection for the Instructor Training Program

Applicant Name _____ SOBI Member # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail _____

Phone (Home) _____ Phone (Work) _____

Only one advisor is necessary; however, having at least two advisors is beneficial and recommended. Each advisor needs to complete a separate *Advisor Recommendation to Enter the Instructor Training Program form.* Each advisor needs to be a current SOBI Registered Instructor—Advanced Instructor with at least two years of active teaching experience.

The following instructor(s) has/have agreed to serve as my advisor(s):
Please type or print

Advisor _____

Email _____

Advisor _____

Email _____

Advisor _____

Email _____

Trainee Signature _____ Date _____