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.

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