

**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 completed 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.