

**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 \_\_\_\_\_