Class Waiver Request

Name _____ Date _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail _____

Phone (Home) _____ Phone (Work) _____

I am requesting a waiver for the following Practitioner Training Program requirements of:

☐ **Anatomy & Physiology** – I have met one of the following criteria:

1. College Course
2. Professional training in the medical field
3. Training in massage school with an equivalent number of hours

Please provide the following necessary documentation, scanned into a single PDF:

- Typed letter from applicant detailing reasons for waiver (letter from Advisor not required)
- Transcripts/support documentation for selected waiver requirement

☐ **Elements of a Successful Practice** – I have met one of the following criteria:

1. Business management and/or public relations experience
2. Class(es) taken at college or in work-related training

Please provide the following necessary documentation, scanned into a single PDF:

- Typed letter from applicant detailing reasons for waiver
- Typed letter from Advisor supporting waiver request
- Transcript/support documentation for selected waiver requirement

Applicant Signature _____ Date _____

Advisor Signature _____ Date _____

Required:

- Trainee must be a member of SOBI
- Trainee must be enrolled in the Practitioner Training Program
- Email letters and support documentation as a single PDF, with waiver form as cover/first page of the PDF
- Waiver must be approved in a separate PRC session ***prior*** to submitting Practitioner Evolvement Packet

E-mail: office@ortho-bionomy.org

(Committee Use Only)

☐ Request Granted (PRC Chairperson) ☐ Request Not Granted (Explanation Attached)

Signed _____ Date _____

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