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**Class Waiver Request Form**  
**For the Practitioner Training Program**



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

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

**Anatomy & Physiology** – I have met one of the following three waiver requirements:

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. Scan all documents in a single PDF and email it to [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org)

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

**Elements of a Successful Practice** – I have met one of the following 2 available requirements:

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. Scan all documents into a single PDF and email it to [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org)

- 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
- Emails letters and support documentation, with waiver form as cover/first page of the waiver packet.
- Waiver must be approved in a separate PRC session PRIOR to submitting final evolvment portfolio

E-mail: [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org) [www.ortho-bionomy.org](http://www.ortho-bionomy.org) Phone: 317-426-1261

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**(Committee Use Only)**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_