

Please Type or Print Clearly

Society of Ortho-Bionomy International[®]

5335 N. Tacoma Avenue Suite #21G, Indianapolis, Indiana 46220

E-mail: office@ortho-bionomy.org www.ortho-bionomy.org

Phone: 317-536-0064 Fax: 317-536-0065

Name _____ Date _____

Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone: _____ E-Mail _____

Date Enrolled in Practitioner Training Program _____

Date Completed Practitioner Training Program _____

Advisor Information:

Advisor Name (Please print legibly) _____

Advisor Signature _____

Date Advisor Signed _____

Associate and Registered Practitioner Program Record Form cont'd (Page 2 of 6)

Phase IV (64 units)

Location	Date	Units	Instructor Signature

Phase V (16 units)

Location	Date	Units	Instructor Signature

Phase VI (16 units)

Location	Date	Units	Instructor Signature

Postural Re-education & Post Techniques (16 units)

Location	Date	Units	Instructor Signature

Isometrics (16 units)

Location	Date	Units	Instructor Signature

Exploration of Movement Patterns (16 units)

Location	Date	Units	Instructor Signature

Chapman's Reflexes (16 units)

Location	Date	Units	Instructor Signature

Ethics & Emotional Issues (16 units)

Location	Date	Units	Instructor Signature

Demonstration Skills (16 units)

Location	Date	Units	Instructor Signature

Associate and Registered Practitioner Program Record Form cont'd (Page 3 of 6)

Elements of a Successful Practice (16 units)

Location	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

Anatomy & Physiology (32 units)

Location	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

Residential (40 units – 5 day minimum)

Location	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

Practitioner Training Seminar (16 units)

Location	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

Electives (16 units)

Class	Location	Date	Units	Instructor Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sessions for Feedback (3 units)

1. Session for Feedback

Date: _____ Instructor Signature: _____
Focus of session, Instructor comments and recommendations: _____

2. Session for Feedback

Date: _____ Instructor Signature: _____
Focus of session, Instructor comments and recommendations: _____

3. Session for Feedback

Date: _____ Instructor Signature: _____
Focus of session, Instructor comments and recommendations: _____

Associate and Registered Practitioner Program Record Form cont'd (Page 4 of 6)

Study Groups (18 units – six 3 hour minimum)

1. Date: _____
Inst./Pract. Name: _____ Signature: _____
Topic: _____

2. Date: _____
Inst./Pract. Name: _____ Signature: _____
Topic: _____

3. Date: _____
Inst./Pract. Name: _____ Signature: _____
Topic: _____

4. Date: _____
Inst./Pract. Name: _____ Signature: _____
Topic: _____

5. Date: _____
Inst./Pract. Name: _____ Signature: _____
Topic: _____

6. Date: _____
Inst./Pract. Name: _____ Signature: _____
Topic: _____

Associate and Registered Practitioner Program Record Form cont'd (Page 5 of 6)

Tutorial It is recommended that for every 100 classroom units you complete, you receive 3 sessions, do 1 session for feedback and participate in 3 private discussions. Tutorials include 8 units of sessions received, 3 sessions given for feedback, and 9 units of consultations.

Sessions Received (8 units)

Date	Instructor/Practitioner	Date	Instructor/Practitioner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Consultations (9 Units)

1. Date: _____ Instructor Signature: _____
Topic: _____
2. Date: _____ Instructor Signature: _____
Topic: _____
3. Date: _____ Instructor Signature: _____
Topic: _____
4. Date: _____ Instructor Signature: _____
Topic: _____
5. Date: _____ Instructor Signature: _____
Topic: _____
6. Date: _____ Instructor Signature: _____
Topic: _____
7. Date: _____ Instructor Signature: _____
Topic: _____
8. Date: _____ Instructor Signature: _____
Topic: _____
9. Date: _____ Instructor Signature: _____
Topic: _____

Documented Sessions (150 Units)

	Date	Units	Instructor Signature
Reviewed	_____	50	_____
Reviewed	_____	50	_____
Reviewed	_____	50	_____

Associate and Registered Practitioner Program Record Form cont'd (Page 6 of 6)

Evaluation Sessions (3 Units)

	Date	Instructor Signature
<input type="checkbox"/> Documentation of Session Attached	_____	_____
<input type="checkbox"/> Documentation of Session Attached	_____	_____
<input type="checkbox"/> Documentation of Session Attached	_____	_____

Supervised Demonstration (1 Unit) Documentation of Demonstration Attached
 Date: _____ Instructor Signature: _____

Essay

Typed Essay – Attached

Additional Classes

Class	Location	Date	Units	Instructor Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes: _____

Advisor/Instructor Signature Confirming Completion of Program

(Advisor/Instructor Name Printed)

I _____ have reviewed the completed Record form and supporting documentation and the applicant has completed and documented the required elements for submission to satisfactorily evolve to Practitioner.

_____	_____
Advisor/Instructor Signature	Date