

**Society of Ortho-Bionomy International®**

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

Local and International: 317-536-0064

E-mail: [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org)

[www.ortho-bionomy.org](http://www.ortho-bionomy.org)

U.S. and Canada Toll Free: 800-809-3747

Fax: 317-536-0065

## Application to Instructor Training Program (Page 1)

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

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

**Instructor Training Program Enrollment Fee: \$100.00**

Make your check or money order payable to Society of Ortho-Bionomy International (U.S. Dollars). Please do not send cash. You may also pay by Visa or MasterCard.

Visa/Master Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Three digit verification code (in signature block on back of credit card) \_\_\_\_\_ Zip if different than above \_\_\_\_\_

Signature \_\_\_\_\_

**ADVISOR INFORMATION**

I submit that my advisee is eligible and prepared for instructor training and forms are complete.

Program Advisor \_\_\_\_\_ Signature \_\_\_\_\_

**Instructor/Advisor: Please print your name and sign below when registering member:**

Instructor Name: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

**ELIGIBILITY INFORMATION/CHECK LIST**

\_\_\_ 1. Completion of the Advanced Practitioner Training Program (if incomplete, you may submit a letter from your Advanced Practitioner Program Advisor stating you have completed a minimum of 375 hours of the program and provide a copy of your Advanced Practitioner Program Form)

\_\_\_ 2. Current paid Practitioner or Advanced Practitioner member of the Society of Ortho-Bionomy International

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## **Application to Instructor Training Program (Page 2)**

### **Applicant Essay Questions**

Please type responses to the following questions on a separate sheet of paper:

1. What is your interest in becoming an Ortho-Bionomy instructor?
2. Describe several key learning experiences. What was the role of the instructor or their instruction in these experiences?
3. What do you think your strengths and weakness will be as an instructor? Please assess or comment in regards to the following areas about yourself: communication skills, patience, honesty, discernment, personal integrity, perseverance, commitment to the practice of Ortho-Bionomy, relationship to the Ortho-Bionomy community and the Society of Ortho-Bionomy International.
4. What do you think will be unique to your teaching?
5. As a practitioner, have you served as an advisor to students in the program? If so, what has been your experience in that role? If not, please describe the role your advisor took in your training process. Please comment on the value of that experience in your training process.
6. Describe the role and responsibilities of an Instructor.
7. Describe the roles and responsibilities of an Advisor.