***Application to Enter the Instructor Training Program***

Applicant 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:

**ELIGIBILITY**

Check the criteria requirement that you meet:

[ ]  Current Registered Advanced Practitioner member of SOBI

[ ]  Completed the Advanced Practitioner Training Program; not yet evolved to Advanced Practitioner

[ ]  Completed a minimum of 375 hours of the Advanced Practitioner Training Program.

Must include the following documentation:

* + *Advanced Practitioner Training Program Record*
	+ Letter from your Advanced Practitioner Training Program Advisor stating you have completed a minimum of 375 hours of the program

Instructor Training Program Application Fee: $100.00—invoiced from SOBI office after receipt of your application; payable online

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**ESSAY QUESTIONS**

Please type your responses to the following questions. Attach additional sheets if necessary.

**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 instruction in these experiences?

**3.** What do you think your strengths and weaknesses 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.

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**4.** What do you think will be unique to your teaching?

**5.** Please describe the role your Advisor took in your training process and comment on the value of that experience.

**6.** Describe the role and responsibilities of an Instructor.

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**7.** Describe the roles and responsibilities of an Advisor.

Applicant Signature       Date

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