

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 the 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 _____