

Request for Evolvement to Instructor

Trainee 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: _____

Checklist:

- ☐ I formally request to be considered for evolvement to Instructor.
- ☐ I am a current SOBI Registered Associate Instructor.
- ☐ I have completed Instructor Training Seminar Part I and Part II and all required Observations/Bench Assists, Co-Teaches, Supervised Teaches and additional training (if applicable).
- ☐ I am submitting my completed Instructor Evolvement Packet (which includes this form).

Trainee Signature _____ Date _____