

Associate Member Training and Evolvment

Benefits of Completing Ortho-Bionomy Associate Member Training

- **Limited Trademark Privileges:** Associate Members may use the term “Ortho-Bionomy®” in their promotional literature by listing Ortho-Bionomy among the modalities they practice (however, this cannot give the impression, directly or indirectly, that the user is a Practitioner or Instructor of Ortho- Bionomy)
- **Referral Listings:** Online listing in the “Find a Practitioner” search and listing in the Member Resource Directory
- **Insurance Discount:** Discount on liability insurance and membership with Associated Bodywork and Massage Professionals (ABMP) in the U.S., if qualify
- **Practitioner Training Program (PTP)** – Associate units transfer directly to the Practitioner Training Program. Those completing the Associate Training Program are ¼ through the requirements of the PTP and have completed over 35% of the classroom units. Those trained in complementary modalities may be eligible to waive some coursework, placing them over 50% through the classroom units of the PTP.
- **Discount on SOBI Membership** – \$15 off membership by also applying for the Practitioner Training Program
- **Voting Privileges:** Associate members are entitled to vote on general matters pertaining to the Society of Ortho-Bionomy International such as electing the Board of Directors
- **Newsletter Subscription** to *Ortho-Bionomy News*, the Society’s quarterly e-newsletter (hard copies available on request)

Requirements to Complete Associate Member Training (114 units total)

32 Units Basics/Phase 4	1 Session Received
16 Units Phase 5	1 Session for Feedback
16 Units Phase 6	1 Ethics requirement (see options below)
32-45 Units Electives to complete 114 units total (depending on Ethics option)	

Note: Associate units qualify as part of the Practitioner Training Program; they are not additional classes.

- **Ethics requirement:** There are two options to meet the Ethics requirement: tutorial or class. Either may be taken online.
 1. **Tutorial:** a 3-unit/hour Ethics tutorial with an Ortho-Bionomy Instructor. This would also count as one study group in the PTP.
 - OR-
 2. **Ethics & Emotional Issues (E&E) Class:** Complete an Ortho-Bionomy Ethics & Emotional Issues class of at least 8 units. This would count towards the E&E requirements in the PTP.
- **Ortho-Bionomy Session Received (1 unit):** receive a session from a Registered Practitioner, Advanced Practitioner or any level of Instructor
- **Ortho-Bionomy Session for Feedback (1 unit):** give a satisfactory session for feedback to a Registered Instructor of Ortho-Bionomy

Associate Training Online Class Policy

Either ethics option may be taken online. One class from the following list may be taken online for credit as an Elective: Phase 4, Phase 5, Phase 6, Postural Re-Education & Post Techniques, or Chapman's Reflexes. All other classes must be in person.

Associate Membership Fee

\$150, discounted to \$125 if also enrolled in the Practitioner Training Program; due annually to remain a member. If you are currently a Student member and are not due to renew, you may pay the difference between the Student and Associate membership fee.

Directions to Join as/Evolve to Associate Member

- All training requirements and documentation completed
- Create your Associate Evolvement Packet. Scan the following documents **as a single PDF**:
 - Completed *Request for Evolvement to Associate* form
 - Pages 2-3 & 5-6 of your *Practitioner Training Program Record* form
- Keep the originals for your records
- Email your Associate Evolvement Packet **as a single PDF** to the SOBI office at office@ortho-bionomy.org
- Pay the applicable membership/evolvement fee; invoiced from the SOBI office after receipt of your packet
- You will be notified within 2-4 weeks of the SOBI office receiving your completed Associate Evolvement Packet and payment. On acceptance, an Associate certificate and welcome information will be emailed to you.

Associate Member Continuing Education Requirements

Sixteen Continuing Education Units (CEUs):

- Due every two years
 - 16 units of Ortho-Bionomy class **or**
 - Attendance of full SOBI conference
- All Continuing Education must be taken with a Registered Ortho-Bionomy Instructor
- CEUs are due every two years; membership dues are annual
- Submit CEUs by emailing a copy of class or conference certificate(s) to the SOBI office

Request for Evolvement to Associate

Name _____ Date _____

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 _____

☐ Check if a new member or if this includes updated contact information

Associate Portion of Practitioner Training Program: Trainee has completed the following, as shown on their *Practitioner Training Program Record*, and met the requirements to evolve to Associate member:

- | | |
|---|--|
| <input type="checkbox"/> 32 units Phase 4 | <input type="checkbox"/> 1 Session Received |
| <input type="checkbox"/> 16 units Phase 5 | <input type="checkbox"/> 1 Session for Feedback with Instructor signature |
| <input type="checkbox"/> 16 units Phase 6 | <input type="checkbox"/> 1 option from Ethics requirement – see below |
| | <input type="checkbox"/> 32-45 Elective units for program total of 114 units |

Ethics Requirement: (3 or 8 units) Check the box below for the option you chose including the date completed and Instructor's signature.

☐ **Tutorial Option:** 3-unit Associate Ethics Tutorial (this counts as a study group on the *Practitioner Training Program Record*), trainee will complete additional 45 elective units to complete the 114-unit Associate program.

Date

Instructor Signature

OR

☐ **Class Option:** 8-unit (minimum) Ethics & Emotional Issues class, trainee will complete additional 40 elective units to complete the 114-unit Associate program.

Date

Instructor Signature

Create your Associate Evolvement Packet. The packet includes the following, saved as a single PDF:

- ***Request for Evolvement to Associate – this page***
- ***Pages 2-3 & 5-6 of the Practitioner Training Program Record (Associate portion)***

This is a record of the classes and sessions you have completed. Please keep original for yourself.

Email your Associate Evolvement Packet to the SOBI office at office@ortho-bionomy.org

Pay \$150 Associate Membership Fee (\$125 if enrolled in the Practitioner Training Program)—invoiced from the SOBI office after receipt of your packet. Additional application and one-time fee of \$100 to apply to the Practitioner Training Program, if you have not already done so.

Instructor Recommendation for Trainee's Evolvement to Associate Member:

I (*Instructor*) _____ have received a satisfactory session for feedback from the trainee listed above and find that they have a competent understanding of Ortho-Bionomy. I recommend they evolve to Associate member.

Practitioner Training Program Record

Please Type or Print Clearly

Society of Ortho-Bionomy International®

office@ortho-bionomy.org

www.ortho-bionomy.org

Trainee Name _____ SOBI Member # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail _____

Phone (Home) _____ Phone (Work) _____

Advisor Information

Advisor Name _____

Advisor E-Mail _____

Practitioner Training Program (1 unit is approximately 1 hour)

Class Curriculum

64 Units	Phase 4	16 Units	Demonstration Skills
16	Phase 5	16	Elements of a Successful Practice
16	Phase 6	32	Anatomy & Physiology
16	Postural Re-Education & Post Techniques	40	Residential
16	Isometrics & Isotonics	16	Practitioner Training Seminar
16	Exploration of Movement Patterns	16	Elective(s)
16	Chapman's Reflexes	18	Study Groups
16	Ethics & Emotional Issues		

Tutorials

9 Consultations
8 Sessions Received
3 Sessions for Feedback

150 Documented Sessions

Evaluations

3 Sessions for Evaluation
1 Supervised Lecture/Demonstration
1 Essay

The Associate Training Program shares documentation pages 2-3 & 5-6 of the *Practitioner Training Program Record*. Trainees only need to maintain one form for both trainings.

Practitioner Training Program Record

Phase 4 (64 units)

Trainee Name _____

<u>Location (In-Person/Online)</u>	<u>Date</u>	<u>Units</u>	<u>Instructor Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Phase 5 (16 units)

<u>Location (In-Person/Online)</u>	<u>Date</u>	<u>Units</u>	<u>Instructor Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____

Phase 6 (16 units)

<u>Location (In-Person/Online)</u>	<u>Date</u>	<u>Units</u>	<u>Instructor Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____

Postural Re-Education & Post Techniques (16 units)

<u>Location (In-Person/Online)</u>	<u>Date</u>	<u>Units</u>	<u>Instructor Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____

Isometrics & Isotonics (16 units)

<u>Location (In-Person/Online)</u>	<u>Date</u>	<u>Units</u>	<u>Instructor Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____

Exploration of Movement Patterns (16 units)

<u>Location (In-Person/Online)</u>	<u>Date</u>	<u>Units</u>	<u>Instructor Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____

Practitioner Training Program Record

Chapman's Reflexes (16 units)

Trainee Name _____

Location (In-Person/Online)	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

Ethics & Emotional Issues (16 units)

Location (In-Person/Online)	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

Demonstration Skills (16 units)

Location (In-Person/Online)	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

Elements of a Successful Practice (16 units)

Location (In-Person/Online)	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

Anatomy & Physiology (32 units)

Location (In-Person/Online)	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Residential (40 units—5-day minimum)

Location	Dates	Units	Instructor Signature
_____	_____	_____	_____

Practitioner Training Seminar (16 units)

Location (In-Person/Online)	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

Elective(s) (16 units)

Location (In-Person/Online)	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

Practitioner Training Program Record

Study Groups (18 units – 6 three-hour groups)

Trainee Name _____

A maximum of 3 study groups (9 units) may be taken online for study group credit. With your Advisor's approval, two of the study group requirements may be met by credits received for classes taken beyond the Practitioner Training Program requirements.

1. Date _____ ☐ In-Person ☐ Online

Instructor Name _____ Signature _____

Topic _____

2. Date _____ ☐ In-Person ☐ Online

Instructor Name _____ Signature _____

Topic _____

3. Date _____ ☐ In-Person ☐ Online

Instructor Name _____ Signature _____

Topic _____

4. Date _____ ☐ In-Person ☐ Online

Instructor Name _____ Signature _____

Topic _____

5. Date _____ ☐ In-Person ☐ Online

Instructor Name _____ Signature _____

Topic _____

6. Date _____ ☐ In-Person ☐ Online

Instructor Name _____ Signature _____

Topic _____

Practitioner Training Program Record

Consultations (9 units)

Trainee Name

It is recommended that for every 100 classroom units you complete, you participate in 3 consultations. Consultations must be with a Registered Associate Instructor through Registered Advanced Instructor. Some consultations must be with your Advisor.

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 _____

SESSIONS RECEIVED (8 UNITS)

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

Practitioner Training Program Record

Sessions for Feedback (3 units)

Trainee Name

Sessions for feedback must be with a Registered Associate Instructor through Registered Advanced Instructor. At least one session must be with your Advisor.

1. Date _____ Instructor Signature _____

Focus of session, Instructor comments and recommendations _____

2. Date _____ Instructor Signature _____

Focus of session, Instructor comments and recommendations _____

3. Date _____ Instructor Signature _____

Focus of session, Instructor comments and recommendations _____

DOCUMENTED SESSIONS (150 UNITS)

Divide the 150 sessions into three sections of 50 sessions each. At the completion of each 50-session section set an appointment with your Advisor to discuss the sessions and have them sign the form below.

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

Society of Ortho-Bionomy International Trademark Guidelines

TRADEMARK GUIDELINES

The Society of Ortho-Bionomy International, Inc. owns these registered trademarks:

Ortho-Bionomy®; Society of Ortho-Bionomy International®; the Sand Dollar design.

The Society encourages its members to promote their individual Ortho-Bionomy practices in ways that maintain the integrity and reputation of the Society's programs and services. See the [SOBI Trademark Rationale](#) for more details.

STUDENT MEMBERS: Student members cannot use any of the Society's trademarks.

ASSOCIATE MEMBERS: Associate members can use the term Ortho-Bionomy in promotional literature by listing "Ortho-Bionomy®" among the bodywork modalities that they practice. Associate members can also state that they are members of the Society of Ortho-Bionomy International®. They cannot use the Society's trademarks in any way that suggests they specialize in, or exclusively practice, Ortho-Bionomy or in any way that suggests they have completed the Society's Registered Practitioner Training Program. They cannot use the words "registered," "practitioner," or "instructor" in conjunction with the term Ortho-Bionomy®. Associate members cannot use the Sand Dollar trademark.

PROFESSIONAL MEMBERS: Professional members include: Practitioner, Advanced Practitioner, Instructor, Associate Instructor, Associate Advanced Instructor and Advanced Instructor. Professional members can use the trademarks Ortho-Bionomy®, Society of Ortho-Bionomy International® and the Sand Dollar design in promoting their Ortho-Bionomy practice or teaching. Practitioner members can use the phrase "Registered Practitioner of Ortho-Bionomy" in promotional literature. Instructor members can use the phrase "Registered Instructor of Ortho-Bionomy." The Sand Dollar trademark may be used in any size, but it may not be modified in any other way. The Sand Dollar trademark must always be accompanied by the symbol "®". In order to ensure that Ortho-Bionomy training meets the standards of the Society, Instructor members must submit their instructional materials to the Society for review and approval.

MARKETING: Statements of registration/ownership and use notice must be placed in a conspicuous position, such as the first page at the bottom of a document or near the specific registered trademark.

1. Include the registered "®" symbol *and*
2. Include 1 of the 4 statement options below as appropriate:
 - *Ortho-Bionomy® is a registered trademark of the Society of Ortho-Bionomy International, Inc. and is used with permission.*
 - *The Sand Dollar design is a registered trademark of the Society of Ortho-Bionomy International, Inc. and is used with permission.*
 - *Ortho-Bionomy® and the Sand Dollar design are registered trademarks of the Society of Ortho-Bionomy International, Inc. and are used with permission.*
 - *Ortho-Bionomy®, the Sand Dollar design, and Society of Ortho-Bionomy International® are registered trademarks of the Society of Ortho-Bionomy International, Inc. and are used with permission.*

Society of Ortho-Bionomy International Code of Ethics

CODE OF ETHICS: *As a registered member of the Society of Ortho-Bionomy International I agree to uphold the highest standards of professional behavior, guided by the Code of Ethics stated below.*

1. The philosophy and concepts of Ortho-Bionomy shall be the guiding principles in my work with clients.
2. I will at all times render the highest quality of services possible for the well-being and benefit of my client.
3. I will only offer skills or services in which I have specifically been trained. For issues that fall beyond the scope of my practice, I will refer clients to other qualified professionals.
4. To protect the privacy of my clients, I will keep all communications, clients' records and client identity confidential.
5. Recognizing the vulnerability of the client in a therapeutic relationship, I will maintain the highest standard of professional conduct. I will show regard for common legal, moral and ethical standards.
6. To preserve the integrity of Ortho-Bionomy, I will make a clear distinction between Ortho-Bionomy and other modalities that I use.
7. I will bring to the notice of the Society any action of another member that appears to be ethically inappropriate or contrary to standards set by the Society.
8. I will use all Society trademarks only in accordance with the current established guidelines. Failure to follow guidelines will lead to suspension of said trademark use.
9. I will endeavor to improve my technical skills and professional standards through continuing educational training.
10. I will uphold professional relationships, never slandering a member of the Ortho-Bionomy community or the allied professional community.
11. Anyone in my employment will abide by the policies and trademark regulations set by the Society of Ortho-Bionomy.
12. I will display a copy of this code of ethics in my work area where it is clearly visible.
13. I understand that transgression of the Codes of Ethics may result in the surrender of my membership.

Ortho-Bionomy.org
office@ortho-bionomy.org