##### Advisor Review of Instructor Training Program Application Packet

Applicant Name

**REVIEWING ADVISOR STATEMENT**

I have reviewed all forms for this applicant’s Instructor Training Program Application Packet and confirm the trainee is eligible for the Instructor Training Program. I confirm all the required following forms are both complete and included in the following order:

*Application to Enter the Instructor Training Program*

*Advisor Recommendation to Enter the Instructor Training Program*

*Instructor Recommendation to Enter the Instructor Training Program* (or *Advisor Recommendation* form from a second advisor)

*Advisor Selection for the Instructor Training Program*

*Advanced Practitioner Training Program Record* showing completion of at least 375 units of the Advanced Practitioner Training Program(only required if the applicant is not already a Registered Advanced Practitioner)

*Advisor Review of Instructor Training Program Application Packet* (this form)

Reviewing Advisor

Reviewing Advisor Signature       Date

**Directions for the Reviewing Advisor—choose one**

**In-Person signature**

Physically fill out this form, sign it and return it to your advisee.

**Electronic Signature**

Electronically fill out this form and email it to your advisee. Directions on signing a form electronically are available through [this link.](https://associationdatabase.com/aws/SOBI/asset_manager/get_file/851496)