

**Advisor Selection for the Instructor Training Program**

Applicant Name \_\_\_\_\_ SOBI Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Only one advisor is necessary; however, having at least two advisors is beneficial and recommended. Each advisor needs to complete a separate *Advisor Recommendation to Enter the Instructor Training Program form*. Each advisor needs to be a current SOBI Registered Instructor—Advanced Instructor with at least two years of active teaching experience.

The following instructor(s) has/have agreed to serve as my advisor(s):  
*Please type or print*

Advisor \_\_\_\_\_

Email \_\_\_\_\_

Advisor \_\_\_\_\_

Email \_\_\_\_\_

Advisor \_\_\_\_\_

Email \_\_\_\_\_

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_