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**Class Waiver Request Form  
for the Practitioner Training Program**



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

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

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

I am requesting a waiver for Anatomy & Physiology in the Practitioner Training Program.

I have met one of the following three requirements:

1. College Course
2. Professional training in the medical field
3. Training in massage school with an equivalent number of hours

Please provide the following necessary documentation. Scan all documents into a single PDF and email it to [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org)

1. Typed letter from applicant detailing reasons for waiver
2. Transcript/support documentation for selected waiver requirement

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Required:

- Trainee must be a member of SOBI
- Trainee must be enrolled in the Practitioner Training Program
- Email letters and support documentation, with waiver form as cover/first page of the waiver packet.
- Waiver must be approved in a separate PRC session PRIOR to submitting final evolvment portfolio

E-mail: [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org) [www.ortho-bionomy.org](http://www.ortho-bionomy.org) Phone: 317-207-0739

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**(Committee Use Only)**

\_\_\_ Request Granted (PRC Chairperson)    \_\_\_ Request Not Granted (Explanation Attached)

Signed \_\_\_\_\_ Date \_\_\_\_\_