***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 the following Practitioner Training Program requirements of:

[ ]  **Anatomy & Physiology** – I have met one of the following three waiver 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

* + Typed letter from applicant detailing reasons for waiver (letter from Advisor not required)
	+ Transcript/support documentation for selected waiver requirement

[ ]  **Elements of a Successful Practice** – I have met one of the following two requirements:

1. Business management and/or public relations experience
2. Class(es) taken at college or in work-related training

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

* + Typed letter from applicant detailing reasons for waiver
	+ Typed letter from advisor supporting waiver request
	+ 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 evolvement portfolio

E-mail: office@ortho-bionomy.org [www.ortho-bionomy.org](http://www.ortho-bionomy.org/) Phone: 317-426-1261

**(Committee Use Only)**

[ ]  Request Granted (PRC Chairperson) [ ]  Request Not Granted (Explanation Attached)

Signed       Date