

**Advisor Selection for the Advanced Instructor Training Program**

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

Address \_\_\_\_\_

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

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

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

Two SOBI Associate Advanced—Advanced Instructor advisors are necessary for the AITP; at least one advisor must be an Advanced Instructor. At least two Advanced Instructor advisors are necessary for Phase 6 training. An applicant may wish to work with more than two instructors and may therefore have more than two advisors.

The following SOBI instructors have agreed to serve as my advisors:

*Please type or print*

Advisor \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Advisor \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Advisor \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

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