Ortho-Bionomy®

Associate Advanced Instructor Training Program Record

Trainee Name _____ SOBI Member # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail _____

Phone (Home) _____ Phone (Work) _____

Advisors _____

PHASE 5 REQUIREMENTS

Use the form below (continued on the next page) to document completion of your individual Phase 5 requirements as agreed upon with your advisors, as well as any additional classes. Indicate "Online" in Location if applicable. For any non-Phase 5 classes use the *Other* section to record your role, class name, date, location, and Supervising Instructor.

	Date	Location	Supervising Instructor
Observation			
Observation			
Observation			
Observation			
Observation			
Observation			
Observation			
Bench Assist			
Bench Assist			
Bench Assist			
Bench Assist			
Bench Assist			
Bench Assist			

Associate Advanced Instructor Training Program Record

Trainee Name _____

PHASE 5 (CONTINUED)

	Date	Location	Supervising Instructor
Co-Teach			
Co-Teach			
Co-Teach			
Co-Teach			
Co-Teach			
Co-Teach			
Supervised Teach			
Supervised Teach			
Supervised Teach			
Supervised Teach			

Other	Date	Location	Supervising Instructor