

Application to Enter the Advanced Instructor Training Program

Applicant Name _____ SOBI Member # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail _____

Phone (Home) _____ Phone (Work) _____

Date Evolved to Instructor _____

Pronouns (check any that apply to you that you would like to share)

She He They Other: _____

ELIGIBILITY INFORMATION CHECK LIST

- Current Instructor member of SOBI in good standing with the Society.
- Minimum two years of active teaching of Ortho-Bionomy since becoming an Instructor.
- Minimum of 12 Ortho-Bionomy classes taught since becoming an Instructor—classes taught must include Standard Phase 4 (having taught each area of the body), Exploration of Movement Patterns, Postural Re-Education & Post Techniques, and Isometrics & Isotonics. Classes may also include In-Depth/Non-Standard Phase 4. No other classes count toward the 12-class requirement. Each class needs to have been at least 16 units, though the class days did not need to be consecutive. Up to 9 of the classes may have been Collaborative/Team Teaches; Co-Teaches do not count toward this requirement.
- Discussion with a minimum of one SOBI Registered Advanced Instructor and another SOBI Registered Associate Advanced Instructor or Advanced Instructor to determine your readiness for training and the instructors' participation and agreement as advisors.

Advanced Instructor Training Program Application Fee: \$100.00—invoiced from SOBI office after receipt of your application; payable online

Advisor Recommendation to Enter the Advanced Instructor Training Program

Applicant Name _____

Advisor Name _____

RECOMMENDATION STATEMENT

- I submit that this applicant is eligible and prepared and hereby recommend they be accepted into the Advanced Instructor Training Program. I have discussed the training process with them. My signature below is my contract to serve as the applicant's advisor throughout the training process.

Advisor Signature _____ Date _____

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 _____

Documentation of Classes Taught

Applicant Name _____

To apply to the Advanced Instructor Training Program you need to have taught a minimum of 12 Ortho-Bionomy classes since becoming an Instructor. Each class must have been at least 16 units. These 12 classes must include Standard Phase 4 (having taught each area of the body), Exploration of Movement Patterns, Postural Re-Education & Post Techniques, and Isometrics & Isotonics. Classes may also include In-Depth/Non-Standard Phase 4. No other classes count toward the 12-class requirement. At least 3 of the classes must have been taught solo. Use this form to document your classes. Indicate "Online" in Location if applicable.

1. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

2. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

3. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

4. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

5. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

6. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

7. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

8. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

Documentation of Classes Taught

Applicant Name _____

9. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

10. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

11. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

12. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

13. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

14. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

15. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

16. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

17. Class _____ Location _____

Date _____ # of Units _____ # of Students _____ Collaborative Teach Solo Teach

Advisor Review of Advanced Instructor Training Program Application Packet

Applicant Name _____

REVIEWING ADVISOR STATEMENT

I have reviewed all forms for this applicant's Advanced Instructor Training Program Application Packet and confirm the trainee is eligible for the Advanced Instructor Training Program. I confirm all the required forms are both complete and included in the following order:

- Application to Enter the Advanced Instructor Training Program*
- Advisor Recommendation to Enter the Instructor Training Program* from each advisor (minimum 2)
- Advisor Selection for the Advanced Instructor Training Program*
- Documentation of Classes Taught*
- Advisor Review of Advanced Instructor Training Program Application Packet* (this form)

Reviewing Advisor _____

Reviewing Advisor Signature _____ Date _____

DIRECTIONS FOR THE REVIEWING ADVISOR—CHOOSE ONE

IN-PERSON SIGNATURE

Physically fill out this form, sign it and return it to your advisee.

ELECTRONIC SIGNATURE

Electronically fill out this form and email it to your advisee.

Directions on scanning a physical form with your smartphone, or signing a form electronically are available through [this link](#).

Phase 5 Advanced Instructor Training Program Agreement

Trainee Name _____ Date _____

Advanced Instructor Training Seminar Date (if taken) _____ Location _____

AITS Instructors _____

The minimum number of the following are required for Phase 5 training:

Bench Assists _____

Co-Teaches _____

Supervised Teaches _____

Additional training requirements or agreements: _____

Advisor Signature _____

Advisor Signature _____

Advisor Signature _____

Signatures of AITS Instructors (if applicable)

Trainee Signature _____

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.

	<u>Date</u>	<u>Location</u>	<u>Supervising Instructor</u>
<u>Observation</u>	_____	_____	_____
<u>Observation</u>	_____	_____	_____
<u>Observation</u>	_____	_____	_____
<u>Observation</u>	_____	_____	_____
<u>Observation</u>	_____	_____	_____
<u>Observation</u>	_____	_____	_____
<u>Observation</u>	_____	_____	_____
<u>Bench Assist</u>	_____	_____	_____
<u>Bench Assist</u>	_____	_____	_____
<u>Bench Assist</u>	_____	_____	_____
<u>Bench Assist</u>	_____	_____	_____
<u>Bench Assist</u>	_____	_____	_____
<u>Bench Assist</u>	_____	_____	_____

Associate Advanced Instructor Training Program Record

Trainee Name _____

PHASE 5 (CONTINUED)

	<u>Date</u>	<u>Location</u>	<u>Supervising Instructor</u>
<u>Co-Teach</u>	_____	_____	_____
<u>Co-Teach</u>	_____	_____	_____
<u>Co-Teach</u>	_____	_____	_____
<u>Co-Teach</u>	_____	_____	_____
<u>Co-Teach</u>	_____	_____	_____
<u>Co-Teach</u>	_____	_____	_____
<u>Supervised Teach</u>	_____	_____	_____
<u>Supervised Teach</u>	_____	_____	_____
<u>Supervised Teach</u>	_____	_____	_____
<u>Supervised Teach</u>	_____	_____	_____

<u>Other</u>	<u>Date</u>	<u>Location</u>	<u>Supervising Instructor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisor Review of Associate Advanced Instructor Evolvement Packet

Trainee Name _____

REVIEWING ADVISOR STATEMENT

This trainee has completed all required Phase 5 Observations/Bench Assists, Co-Teaches, Supervised Teaches, and additional training (if applicable) and is ready to evolve to Associate Advanced Instructor.

I have reviewed all forms of this trainee’s Associate Advanced Instructor Evolvement Packet. I confirm all the following forms are both complete and included in the following order:

- Request for Evolvement to Associate Advanced Instructor*
- Phase 5 Advanced Instructor Training Program Agreement*
- Advisor Recommendation for Evolvement to Associate Advanced Instructor* from each advisor (minimum 2)
- Associate Advanced Instructor Training Program Record*
- Trainee Observation/Bench Assist Self-Evaluation AND Instructor Evaluation of Trainee* for all Phase 5 Observations/Bench Assists. Each self-evaluation for a class should be immediately followed by the Supervising Instructor evaluation for that class, in chronological order by class date.
- Trainee Co-Teach Self-Evaluation AND Instructor Evaluation of Trainee* for all Phase 5 Co-Teaches. Each self-evaluation for a class should be immediately followed by the instructor evaluation for that class, in chronological order by class date.
- Trainee Supervised Teach Self-Evaluation AND Instructor Evaluation of Trainee* for all Phase 5 Supervising Teaches. Each self-evaluation for a class should be immediately followed by the instructor evaluation for that class, in chronological order by class date.
- Advisor Review of Associate Advanced Instructor Evolvement Packet* (this form)

Reviewing Advisor _____

Reviewing Advisor Signature _____ Date _____

DIRECTIONS FOR THE REVIEWING ADVISOR—CHOOSE ONE

IN-PERSON SIGNATURE

Physically fill out this form, sign it and return it to your advisee.

ELECTRONIC SIGNATURE

Electronically fill out this form and email it to your advisee.

Directions on scanning a physical form with your smartphone, or signing a form electronically are available through [this link](#).

Request for Evolvement to Advanced Instructor

Trainee Name _____

6. Do you feel able to demonstrate the relationship between energy and structure in a way that is accessible to students? How so? _____

7. How would you describe your understanding of energetic ethics? _____

8. We would appreciate your feedback regarding the Advanced Instructor training process. Please be as specific as possible in your descriptions of what was most useful to your process and what was least helpful. Thank you. _____

Trainee Signature _____ Date _____

Phase 6 Advanced Instructor Training Program Agreement

Trainee Name _____ Date _____

Advanced Instructor Training Seminar Date (if taken) _____ Location _____

AITS Instructors _____

The minimum number of the following are required for Phase 6 training:

Bench Assists _____

Co-Teaches _____

Supervised Teaches _____

Additional training requirements or agreements: _____

Advisor Signature _____

Advisor Signature _____

Advisor Signature _____

Signatures of AITS Instructors (if relevant)

Trainee Signature _____

Advisor Recommendation for Evolvement to Advanced Instructor

Trainee Name _____

Advisor Name _____

Recommending Statement:

I recommend the trainee be appointed as an Advanced Instructor.

Advisor Signature _____ Date _____

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 6 REQUIREMENTS

Use the form below (continued on the next page) to document completion of your individual Phase 6 requirements as agreed upon with your advisors, as well as any additional classes. Indicate "Online" in Location if applicable. For any non-Phase 6 classes use the *Other* section to record your role, class name, date, location, and Supervising Instructor.

	<u>Date</u>	<u>Location</u>	<u>Supervising Instructor</u>
<u>Observation</u>	_____	_____	_____
<u>Observation</u>	_____	_____	_____
<u>Observation</u>	_____	_____	_____
<u>Observation</u>	_____	_____	_____
<u>Observation</u>	_____	_____	_____
<u>Observation</u>	_____	_____	_____
<u>Observation</u>	_____	_____	_____
<u>Bench Assist</u>	_____	_____	_____
<u>Bench Assist</u>	_____	_____	_____
<u>Bench Assist</u>	_____	_____	_____
<u>Bench Assist</u>	_____	_____	_____
<u>Bench Assist</u>	_____	_____	_____
<u>Bench Assist</u>	_____	_____	_____

Advanced Instructor Training Program Record

Trainee Name _____

PHASE 6 (CONTINUED)

	<u>Date</u>	<u>Location</u>	<u>Supervising Instructor</u>
<u>Co-Teach</u>	_____	_____	_____
<u>Co-Teach</u>	_____	_____	_____
<u>Co-Teach</u>	_____	_____	_____
<u>Co-Teach</u>	_____	_____	_____
<u>Co-Teach</u>	_____	_____	_____
<u>Co-Teach</u>	_____	_____	_____
<u>Supervised Teach</u>	_____	_____	_____
<u>Supervised Teach</u>	_____	_____	_____
<u>Supervised Teach</u>	_____	_____	_____
<u>Supervised Teach</u>	_____	_____	_____

<u>Other</u>	<u>Date</u>	<u>Location</u>	<u>Supervising Instructor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisor Review of Associate Advanced Instructor Evolvement Packet

Trainee Name _____

REVIEWING ADVISOR STATEMENT

This trainee has completed all required Phase 6 Observations/Bench Assists, Co-Teaches, Supervised Teaches, and additional training (if applicable) and is ready to evolve to Advanced Instructor.

I have reviewed all forms of this trainee’s Advanced Instructor Evolvement Packet. I confirm all the following forms are both complete and included in the following order:

- Request for Evolvement to Advanced Instructor*
- Phase 6 Advanced Instructor Training Program Agreement*
- Advisor Recommendation for Evolvement to Advanced Instructor* from each Advanced Instructor advisor (minimum 2)
- Advanced Instructor Training Program Record*
- Trainee Observation/Bench Assist Self-Evaluation AND Instructor Evaluation of Trainee* for all Phase 6 Observations/Bench Assists. Each self-evaluation for a class should be immediately followed by the Supervising Instructor evaluation for that class, in chronological order by class date.
- Trainee Co-Teach Self-Evaluation AND Instructor Evaluation of Trainee* for all Phase 6 Co-Teaches. Each self-evaluation for a class should be immediately followed by the instructor evaluation for that class, in chronological order by class date.
- Trainee Supervised Teach Self-Evaluation AND Instructor Evaluation of Trainee* for all Phase 6 Supervising Teaches. Each self-evaluation for a class should be immediately followed by the instructor evaluation for that class, in chronological order by class date.
- Advisor Review of Advanced Instructor Evolvement Packet* (this form)

Reviewing Advisor _____

Reviewing Advisor Signature _____ Date _____

DIRECTIONS FOR THE REVIEWING ADVISOR—CHOOSE ONE

IN-PERSON SIGNATURE

Physically fill out this form, sign it and return it to your advisee.

ELECTRONIC SIGNATURE

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