

**Society of Ortho-Bionomy International<sup>®</sup>**

5335 N. Tacoma Avenue Suite #21G

Indianapolis, Indiana 46220

U.S. and Canada Toll Free: 800-809-3747

E-mail: [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org)

[www.ortho-bionomy.org](http://www.ortho-bionomy.org)

Local and International: 317-536-0064

Fax: 317-536-0065

# **Practitioner Training**

## **Program Handbook**

**Revised August 2006,  
Student & associate forms revised September 2007**

## Registered Practitioner Training Program

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## Registered Practitioner Training Program

Overview: The Society of Ortho-Bionomy International has developed and oversees two professional training programs for Ortho-Bionomy® Practitioners -- the Registered Practitioner Program and the Registered Advanced Practitioner Program. Both programs are designed to give students a thorough understanding of the principles and philosophy of Ortho-Bionomy in addition to providing extensive hands-on experience in both course work and supervised practice.

Enrollment helps students to create a space to develop relationships with peers and professional colleagues. They gain a sense of community, belonging and support from other students in the program which helps them stay connected between classes. In addition, further work often shifts the students work to a clearer and higher place of evolution.

The 503 hour Registered Practitioner Training Program is designed to give individuals a thorough understanding of the art and practice of Ortho-Bionomy. The program is focused so the student can apply the principles of Ortho-Bionomy to the techniques they learn. The applicant will also be prepared to present and demonstrate Ortho-Bionomy in their own practice and community.

**How to Start:** To enroll in the Practitioner Training Program complete the application found on page 18 of this handbook. Complete the application form, attach your payment for your entrance fee (credit card or check made out to Society of Ortho-Bionomy International) and send it in to the Society office. If you are not a Student or Associate Member, please apply to become a member of the Society. These forms are found on page 14 and 16 with complete instructions. To learn more about Associate Membership, please turn to page 15 of the handbook.

Once you have met the requirements and have sent in your application, you will begin filling in your Practitioner Program Record Form (page 19). We suggest that you take your program record form with you to your classes, study sessions and advisor meetings so your record form is kept up to date.

If you are not an Associate Member, you should complete both the Associate Membership Record Form and the Practitioner Training Record Form. You will need the Instructor's signature on both of the forms so it is best to have the Instructor sign them at the end of each class that you complete. Classes entered on the Associate Membership Record Form may also be entered on the Practitioner Training Record Form. The Program Record Forms assist you in keeping records of your class attendance and progress. Space is provided on the form for your instructors to initial the courses as you complete them. It is your responsibility to fill out each section and give to the instructor to sign at each class. If you have not had your classes signed off as you took them, an Instructor can review your certificates and sign off classes on that basis. There is no record of the classes that you attend other than your certificate and Record form. Please be diligent about completing your forms. The Society Office does not keep a record of classes that students attend until you have fully completed your training and submitted your forms for evolution to Associate Member and Practitioner.

The Society of Ortho-Bionomy does not have a "school" that teaches the curriculum for the Training Programs. Instead there are many Registered Instructors who teach classes, usually on the weekends. Some Instructors teach in Massage Schools or Healing Arts Schools and as such they may offer classes on a set schedule according to those schools' policies. You are encouraged to take classes with multiple Instructors. Classes are listed on the Society website at [www.ortho-bionomy.org](http://www.ortho-bionomy.org) or in the Society's quarterly newsletter. You may take classes in any order provided you meet the prerequisites for any given class. The prerequisites are set by the individual Instructors so you will find some classes may require you to have taken a Phase 4 foundation class while others may not have this requirement. To register for any class please get in touch with the Contact listed for the class that you wish to attend. A Class Contact is the person who is coordinating that class for the Instructor. You will find that most areas have a class coordinator who schedules classes at different times of the year for that area. Some Instructors may also be listed as a Class Contact. Class fees are set by the instructor and will vary depending on travel or location fees. Always check with the Class Contact regarding the fee for the specific class that you are interested in attending. Only classes taught by Registered Instructors in good standing with the Society of Ortho-Bionomy may count toward your Training Program.

### **Directions for Enrolling:**

To enroll in the Practitioner Training Program, you must first meet the entrance requirements listed below:

Entrance Requirements:

1. Complete one Phase IV Workshop
2. Receive two sessions from a Registered Instructor or Registered Practitioner
3. Be a current member in the Society of Ortho-Bionomy in good standing (You must be a Student or Associate member of the Society to enroll in the Practitioner Training Program)
4. Pay the Practitioner Program Entrance Fee of \$100
5. Select a program advisor. See page 5 for a full description of how to choose an advisor

### **Fees:**

**\$100 Entrance Fee**                      **\$150 Matriculation Fee**

An entrance fee of \$100 payable to the Society of Ortho-Bionomy International is due at the time of your application into the Registered Practitioner Program. An additional matriculation fee of \$150 is due on completion of the Program. These fees do not include your annual Practitioner membership fees in the Society. All fees are used to support the activities of the Society (a non-profit mutual benefit professional association). These include the staffing of the Society office, administration of membership and training programs, website, and general Society business. Your fees provide you with affiliation to a registered professional organization and trademark protection.

### **Waivers:**

Waivers of demonstrated course proficiency are available for some of the Practitioner subjects. You must be enrolled in the Practitioner Training Program in order to submit a waiver for classes required for the completion of the Training Program. You may not use the same class for both the Practitioner and Advanced Practitioner Training Program unless the training included enough hours to meet the total requirements for both parts of the Registered Programs. The following classes may be waived and the criteria for waiving these subjects are as follows:

- ***Elements of a Successful Practice*** – (Replaces Business & Marketing) Business management and public relations experience and/or class (es) taken at college or in work related training
- ***Anatomy & Physiology*** – Course taken at a local college, professional training in the medical field, or training in massage school with an equivalent number of hours.

After discussion with your advisor regarding the classes you wish to waive, submit four copies of the following: the waiver form signed by your advisor, letter requesting your waiver, and appropriate documentation as to show why the class can be waived (such as a school transcript from an accredited institution and/or your résumé documenting your relevant experience) as well as a letter of support from your advisor describing why s/he believes you have the competence to waive the class. This should be done as early in your Program as possible, as the Practitioner Review Committee only meets four times a year, and your waivers must be approved before you submit your completed paperwork to become a Practitioner. If the Committee approves your request, indicate on your Program Record Form that the class is waived and be sure to submit the approval letter when you submit your paperwork at the completion of your training. A waiver form can be found on page 26.

### **Choosing Your Advisor:**

An integral part of the Registered Practitioner Training is the guidance, support, and feedback received from an advisor. Although it is strongly recommended that you experience working with as many Registered Instructors, Registered Practitioners and students as possible, the relationship you have with your advisor is unique. S/he will be working specifically with you as you progress in your training. It is necessary to choose an advisor prior to enrolling in the training program. You may begin taking classes and filling out your program record form immediately. It is strongly suggested that you choose an advisor before completing your first 100 hours of the program. As soon as you have an advisor you may send your Application to enroll in the Practitioner Training Program to the Society office.

The following are some tips and guidelines for selecting and working with an advisor:

- Can the Instructor clearly articulate what s/he requires from advisees?
- Can the Instructor talk in detail about how s/he views his/her role as advisor?
- Do you feel that you will get the time and attention that you need from the Instructor? Be direct and ask for what you envision or ask the Instructor in what ways s/he is available outside of class for his/her students.
- What are the Instructor's fees for Feedback Sessions, Private Discussions, and Evaluation Sessions?
- Does s/he have a written contract? Not all Instructors have a contract but s/he should be able to talk in detail about what they expect from a student.
- Talk with several Instructors before choosing an advisor. This is a relationship in which you, as the student, will need to be supported and guided. Find an Instructor who matches your needs and at the same time will challenge you to continue to grow.

**Advisor Eligibility:** A Registered Instructor that has been actively teaching for at least one year, a Registered Advanced Practitioner with at least one year of experience or a Registered Practitioner with at least four years experience may serve as an advisor. An advisor must be actively involved with Ortho-Bionomy through teaching or seeing clients. The above discussion of choosing an advisor talks about an Instructor as your advisor rather than a Practitioner. If you are in an area that has a strong Practitioner who meets the requirements to be an advisor, feel free to interview them as well as an Instructor. Choose the person who will provide you with the best guidance in your training.

**Agreement:** Talk with the advisor of your choice to discuss expectations. Specify what you expect from an advisor and hear what s/he expects her/his role to be. When you come to an understanding that is clear for both of you, put your agreement in writing. You will have your agreement to refer back to if necessary.

**On-going Relationship:** Becoming a Registered Practitioner of Ortho-Bionomy is an on-going process. It is both a personal process and a process of coming to understand the work and how to utilize it. Maintaining on-going communication with your advisor is an invaluable aid in moving along in your process. Together you can establish your own mixture of pre-arranged meetings/sessions and more informal talks and ways to check in. Doing sessions for feedback with your advisor, having him/her observe your work with clients, having one-on-one discussion in person or by telephone are all excellent ways for your advisor to get a sense of where you are in your training and to guide you in your training. It is a good idea to plan together how and when you will stay in contact as part of your initial agreements. Be clear with your advisor if and where a fee is appropriate in exchange for her/his time.

### **Practitioner Training Program Requirements:**

The training program consists of classes, sessions received, private consultations, a lecture/demonstration of Ortho-Bionomy, documentation of sessions with clients, feedback sessions and evaluation sessions with Registered Instructors. On page 20 you will find a complete list of the requirements for the Practitioner Training Program. Below you will find a complete description of each component of the training program. If you have any questions, please ask any Instructor for clarification or you may e-mail the Society office, [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org).

### **Class Descriptions:**

#### **Phase Four:**

This foundation class covers the history, philosophy and concepts of Ortho-Bionomy and provides an overview of the basic release techniques for each major joint in the body. Movements and positions of comfort is demonstrated to facilitate the release of muscular tension and overall stress by stimulating the inherent, self-corrective reflexes of the body which help the body create structural alignment and balance from within.

#### **Phase Five:**

The focus of Phase Five is to move to a more subtle level of awareness of the practice and principles of Ortho-Bionomy. Specific techniques develop and increase the student's understanding and proprioceptive sensitivity to the self-corrective movements initiated by the client. Through the practice of observing, following and supporting subtle movement patterns, muscular tension is released, range of motion is increased and pain is reduced. In Phase Five, students are encouraged to do less and let the client be the guide for his/her exploration of change.

#### **Phase Six:**

This class is designed to help participants access and track sensation and energetic perception in themselves and in their clients, and to learn how to make contact without necessarily engaging physically. Techniques will be presented that monitor and acknowledge the inter-relationship between energetic, emotional and physical levels and that demonstrate how energetic shifts can affect changes in physical patterns.

### **Exploration of Movement Patterns:**

Exploration of Movement Patterns adds a dynamic dimension to the positional release techniques. Participants will learn to recognize and palpate patterns of joint and muscle movement in order to facilitate increased range of motion to promote a general sense of well-being in the body. By gently exploring and supporting preferred patterns of movement or stillness, the client is invited to participate actively and to recognize their patterns.

### **Postural Re-Education and Post Techniques:**

In this class, participants learn to evaluate and address inefficient postural habits through accurate observation and simple exercises. Techniques to work with spinal curvatures and scoliosis are presented and practiced. Post techniques focus on assessing and releasing areas of tension as well as integrating the work done in a session. In addition, exercises are taught to facilitate the client's ability to maintain balance through the neuro-muscular re-education of postural habits.

### **Isometrics:**

Isometric and isotonic techniques for working with inefficient muscular tension patterns as well as underdeveloped muscle tone are presented and practiced. Through the use of restraining movement while the muscle is engaged, self-correcting reflexes are stimulated and habitual holding patterns can be released.

Participants learn how the conscious use of obstacles can help promote change from rigid physical patterns to greater mobility, and allows the client to participate actively in the session.

**Chapman's Reflexes:**

This class presents the Chapman's Reflexes system of identifying and working with reflex points to facilitate lymphatic drainage and the balancing of the organs. The class also focuses on the relationship between the neurolymphatic reflexes and the endocrine system and its affect on structural balance as well as the individual's physical and emotional well-being.

**Ethics and Emotional Issues:**

Participants learn skills for addressing emotional responses that may arise during a session in an appropriate and professional manner. In addition, participants discuss the guidelines for professional conduct and review the Society of Ortho-Bionomy International's Code of Ethics.

**Elements of a Successful Practice:**

This class addresses the business side of having an Ortho-Bionomy practice. Participants learn about issues such as marketing and advertising, developing a business plan, setting up an office, setting fees, and attending to tax and legal issues. The class also covers communication with clients, record keeping and staying within the scope of practice.

**Practitioner Training Seminar:**

This seminar addresses issues and questions that arise for individuals completing the Practitioner Training Programs and helps participants synthesize their entire training experience. The class format includes time to discuss questions or problems that arise during a session, an opportunity to receive feedback and supervision about difficult cases, and information on how best to structure a session, set fees, and communicate with clients. Participants can also discuss their changing role in the community as they move from being a student to becoming a professional in the health care field.

**Demonstration Skills:**

In this class, participants learn how to describe and present Ortho-Bionomy to family, friends and the public in general. Participants are encouraged to find ways to communicate the "unexplainable" and practice presenting Ortho-Bionomy in a clear and accurate way. Techniques for building confidence and for improving public speaking and presentation are included.

**Anatomy and Physiology:**

Anatomical and physiological structures and functions relevant to the practice of Ortho-Bionomy are presented in this class. Both general classes as well as classes which focus on specific systems or body parts are available.

**Residential:**

Residential training programs provide participants with the opportunity to broaden and deepen their understanding of Ortho-Bionomy techniques and principles through an in-depth immersion for five or more days of uninterrupted study. Residentials allow time for learning and personal growth as well as relaxation to facilitate the integration of technique, philosophy and the qualities of "Being" rather than "doing."

**Study Groups:**

Study groups are tailored to the participants' needs and give students a chance to review techniques, receive clarification about the application and principles of Ortho-Bionomy and to gain insight about specific client cases or situations that concern them.

**Electives:**

The principles and techniques of Ortho-Bionomy can be applied in many different circumstances and situations. Elective courses provide participants with more specialized techniques and applications.

**Phase Seven:** This class demonstrates the principles and applications of the Phase Seven pattern to assist with self-correction. The pattern addresses all levels of human experience and teaches participants a non-forceful, elegant way to approach problems of many kinds.

**Cranial:** This seminar applies the principles of Ortho-Bionomy energy work to the function of the cranial system. Participants are encouraged to feel the energetic patterns existing in the cranial system and allow the recipient to find a better balance through the self-correcting reflexes.

**Self Care:** The Self Care class will demonstrate specific exercises that clients and practitioners can do to facilitate release of structural imbalances and discomfort within themselves, as well as providing clients with exercises that they can do after the session to integrate the changes experienced within the session itself.

Other elective topics include: Ortho-Bionomy Approach to Whiplash, TMJ and Carpal Tunnel Syndrome, Visceral Work, Women's Care, Men's Care, Witnessing and Clear Presence, Shock and Trauma Resolution, Beyond Technique, and others.

**Tutorials (20 units):** Tutorial time spent with your advisor or instructor augments your study of Ortho-Bionomy outside regular classes. The 20 units required include received sessions, sessions for feedback, sessions for evaluation and consultations. A unit is equal to approximately one hour – individual segment length of tutorial time is at the discretion of the advisor.

**Sessions Received (8 units):** As part of your tutorials, sessions received from a Registered Instructor or Registered Practitioner during the course of your training to help you to understand and integrate what you have learned in class and what happens with the client (on the table and the follow on).

**Sessions for Feedback (3 units):** As part of your tutorials, you will set up sessions with a Registered Instructor or other individual qualified to be an Advisor (see page 5) to receive feedback on your work, separate from evaluation. At least two of the feedback sessions should be from an Instructor. It is helpful to have a session for feedback from more than one individual and useful to have one of those individuals be your advisor. The program requires that you set up a minimum of one session for feedback during each 100 unit period of training.

**Sessions for Evaluation (3 units):** These are sessions the applicant gives to a Registered Instructor, Associate Instructor or Advanced Practitioner in good standing to demonstrate his/her Ortho-Bionomy skills. The recipient gives feedback and writes a letter of evaluation. At least two of the evaluations must be with Registered Instructors, and one from the student's advisor.

**Consultations - formerly Private Discussions (9 units):** As part of your tutorials, this is one-to-one time that you arrange to spend with a Registered Instructor or Associate Instructor to discuss your own questions and concerns about any aspect of Ortho-Bionomy. Not all of the private discussions need to be with your advisor. If your advisor is not a Registered or an Associate Instructor, s/he can offer you up to 3 consultations for credit.

Be sure to document your tutorial time. Include time, date and Instructor comments. At the end of your program, your advisor will check your documentation and sign an acknowledgement of the fulfillment of requirements. Fees for tutorial time are arranged by the individual instructors.

**Study Groups** (*Minimum of six 3 hour sessions*):

A group led by a Registered Instructor or Associate Instructor that meets to address the interests of participating students, i.e. review of class material, practice of technique, demonstration of Ortho-Bionomy, sharing/questions concerning ethical and emotional issues, approaches to issues that have come up in the practice of Ortho-Bionomy, etc. Study group fees are determined by the individual instructors. The Instructor or Associate Instructor must complete your Program Record Form in order for the Study Group to count toward your training requirements. Workshops beyond those required by the Practitioner program can substitute for up to 2 of the 6 required study groups if the advisor agrees\*.

**Peer Practice Sessions** (*Recommended, optional, not for program credit*): Students are strongly encouraged to meet with their peers to review and practice Ortho-Bionomy. Such meetings can greatly enhance learning and embodying the work. They are particularly helpful where there is not regular, easy access to an Instructor. Unresolved questions arising from these sessions make excellent tutorial topics with your advisor.

**Documented Sessions** (*Supervised Practice*): The 150 documented session hours with clients must be with a minimum of 20 different people. Each session must be a minimum of 30 minutes (even if the session extends beyond one hour it will still count as one) and must consist entirely of Ortho-Bionomy. We recommend that you begin documenting sessions given outside of class immediately upon your entrance into the program.

Keep a notebook of your sessions. A sample (master) of a form for the session can be used. At the completion of each section of your sessions (three sections of 50 sessions) set up an appointment with your advisor to discuss the sessions and initial the program record form. It is helpful to submit the documented sessions in advance of the tutorial so that your advisor can prepare for the meeting.

**Evaluation for Registered Practitioner Program**

Upon completing the Practitioner Training Program curriculum, you will enter into the evaluation phase of your program. The following activities are included as part of your evaluation process:

1. Three sessions given to Registered Instructors or Advanced Practitioners. At least two of the evaluations must be with Instructors and one with the student's advisor.
2. Demonstration of Ortho-Bionomy given as an introduction to your practice, to a minimum of four people, observed by an Instructor.
3. A short typed essay (at least one page) on what the philosophy and principles of Ortho-Bionomy mean to you personally and professionally.

\* Note: On September 28, 2004, SOBI initiated a trial practice of permitting Study Groups to be facilitated by a Registered Practitioner or Advanced Practitioner with at least one year of Practitioner experience. This trial ends as of December 31, 2006. Up to three such study groups take between September 28, 2004 and December 31, 2006 will also count for credit, but in that case classes cannot be substituted for study groups.

### **Completing Your Evaluation:**

When you have completed your evaluation activities, you may send four completed packets of the required documentation to the Society office. All waivers must be approved by the Practitioner Review Committee (PRC) prior to sending in your final packet. Please do not send in your materials piecemeal. Please remember to keep a copy of all documentation for yourself. Refer to the **Final Checklist Prior to Sending Documentation to the Society Office for the PRC** on page 20 of this handbook, to confirm you are ready to submit copies of your Practitioner Training Program submission.

### **Submission to Become a Registered Practitioner:**

Once you have completed all the requirements and documentation to become a Practitioner, including having your advisor sign off on your completed Practitioner Training Program Record Form, please send in to the SOBI office 4 copies of your Practitioner Training Program packet. This includes a typed letter announcing your request to be registered as a Practitioner, letters of Recommendation from the three instructors who received your evaluation sessions, a letter of recommendation from the Registered Instructor who observed your demonstration, documentation of approved waivers of any requirements, your Program Record Form, with your advisor's signature confirming satisfactory completion of program and the documentation, and your completed typed essay. You must also send the \$150 matriculation fee to the Society. Please keep the originals of all your documentation and send an additional copy of your packet to your Advisor.

Please send your complete packet at least two weeks prior to the submission deadline to confirm you make the deadline and, if there is anything missing from your packet, you have time to submit this documentation and do not have to wait for the next submission date. The Practitioner Review Committee (PRC) submission deadlines are March 15, June 15, September 15 and December 15. The PRC will verify the completeness of the file and also conduct a qualitative examination of the documentation to assess the readiness of a candidate to become a Registered Practitioner. The PRC may approve your application or request some clarification or additional work for you to qualify. The PRC may also contact your advisor for clarification. Please note the review committee will only review one level of evolution at a time and trainees must have previously registered for the Training program for which they are applying.

**A complete submission checklist has been provided on page 20 of this Practitioner Training Program Handbook.**

The SOBI office holds all paperwork until the next committee date, at which time your Practitioner paperwork is sent to the three Instructor/Practitioner members of the Practitioner Review Committee (PRC). The committee reviews all of your documentation and assesses if you are ready to evolve to the Practitioner level. The Practitioner Review Committee may request some clarification or some additional work based on their review of the application.

The SOBI office receives notice of decisions from the PRC by the next submission deadline. As soon as notice is received from the PRC, the SOBI office will email or mail you the results of your submission. Once you have been approved by the PRC as a Practitioner, you will receive correspondence from the Society of Ortho-Bionomy welcoming you as a Registered Practitioner member, as well as a Practitioner Certificate. **Please note it takes approximately 8 weeks from notice of your evolution for your certificate to be mailed.** Your annual registration (membership) fee will be \$135 annually. If you are an international member, please inquire about the appropriate rate from the SOBI office. As a student or associate member, you may need to pay the difference between your current membership level and the

Practitioner level to make your membership current for the year. This depends on where you are in your membership cycle. Please remember, you must be in good standing with the Society to receive your certificate.

As a Registered Practitioner member of the Society, you will have voting privileges, receive referrals through the Society office, and receive logo sheets from the Society. You will be entitled to use the words “Registered Practitioner”, “Practitioner of Ortho-Bionomy” on your literature and personal website. Your contact information will be listed on [www.ortho-bionomy.org](http://www.ortho-bionomy.org) in the Practitioner/Instructor locator. You will be entitled to use the Sand Dollar registered mark and all of the other benefits included as part of Student or Associate membership. In addition, you will be eligible for any workshop offered by the Society for Practitioner and Practitioner/Instructor members only.

**Continuing Education Units:**

Sixteen units of continuing education are due every other year, along with the annual payment of membership dues to maintain active status as a Registered Practitioner. All Continuing Education must be taken with a Registered Ortho-Bionomy Instructor in good standing.

Congratulations on your decision to begin the Practitioner Training Program and enjoy your journey.

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**Trademark Guidelines and Member Agreement**

*The Society of Ortho-Bionomy International, Inc. owns these registered trademarks: Ortho-Bionomy®, Society of Ortho-Bionomy International®, and the Sand Dollar design.*

The Society encourages its members to promote their individual Ortho-Bionomy practices in ways that maintain the integrity and reputation of the Society's programs and services.

**STUDENT MEMBERS:**

Student Members cannot use any of the Society's trademarks.

**ASSOCIATE MEMBERS:**

Associate Members can use the term Ortho-Bionomy in promotional literature by listing "Ortho-Bionomy®" among the bodywork modalities that they practice. Associate Members can also state that they are members of the Society of Ortho-Bionomy International®. They cannot use the Society's trademarks in any way that suggests they specialize in, or exclusively practice, Ortho-Bionomy or in any way that suggests they have completed the Society's Registered Practitioner Program. They cannot use the words "registered," "practitioner," or "instructor" in conjunction with the term Ortho-Bionomy®. Associate Members cannot use the Sand Dollar trademark.

**PROFESSIONAL MEMBERS:**

Professional Member can use the trademarks Ortho-Bionomy®, Society of Ortho-Bionomy International® and Sand Dollar design in promoting their Ortho-Bionomy practice or teaching. Practitioner Members can also use the phrase "Registered Practitioner of Ortho-Bionomy®" in promotional literature. Instructor Members can use the phrase "Registered Instructor of Ortho-Bionomy®." The Sand Dollar trademark may be used in any size, but it may not be modified in any other way. The Sand Dollar trademark must always be accompanied by the symbol "®". In order to ensure that Ortho-Bionomy training meets the standards of the Society, Instructor Members must submit their instructional materials to the Society for review and approval.

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**CODE OF ETHICS**

*As a registered member of the Society of Ortho-Bionomy International® I agree to uphold the highest standards of professional behavior, guided by the Code of Ethics stated below.*

1. The philosophy and concepts of Ortho-Bionomy shall be the guiding principles in my work with clients.
2. I will at all times render the highest quality of services possible for the well being and benefit of my client.
3. I will only offer skills or services in which I have specifically been trained. For issues that fall beyond the scope of my practice, I will refer clients to other qualified professionals.
4. To protect the privacy of my clients, I will keep all communications, clients' records and client identity confidential.
5. Recognizing the vulnerability of the client in a therapeutic relationship, I will maintain the highest standard of professional conduct. I will show regard for common legal, moral and ethical standards.
6. To preserve the integrity of Ortho-Bionomy, I will make a clear distinction between Ortho-Bionomy and other modalities that I use.
7. I will bring to the notice of the Society any action of another member that appears to be ethically inappropriate or contrary to standards set by the Society.
8. I will use all Society trademarks only in accordance with the current established guidelines. Failure to follow guidelines will lead to suspension of said trademark use.
9. I will endeavor to improve my technical skills and professional standards through continuing educational training.
10. I will uphold professional relationships, never slandering a member of the Ortho-Bionomy community or the allied professional community.
11. Anyone in my employment will abide by the policies and trademark regulations set by the society of Ortho-Bionomy.
12. I will display a copy of this code of ethics in my work area where it is clearly visible.
13. I understand that transgression of the Codes of Ethics may result in the surrender of my membership.

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## New Student Membership Form

**Student Membership in the Society of Ortho-Bionomy International includes the following benefits:**

- One year subscription to "Ortho-Bionomy News" the Society's quarterly newsletter.
- The "Membership and Skills Directory" published yearly.
- Student Membership card which guarantees discounts on classes that you repeat (when available), discounts on services offered in the Membership and Skills Directory, and discounts on our Annual Conference registration fees.
- Discount of \$50.00 on membership (which includes insurance coverage) in the Associated Bodywork & Massage Professionals (ABMP) if you qualify.
- Membership information including: articles, descriptions of courses and training programs, and other information helpful to your continued study and practice of Ortho-Bionomy.

Please include your information below as you wish it to be listed in the Membership Directory.

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

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

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

**IMPORTANT:** Please check one of the options below. If left blank, it will default to electronic newsletters

I prefer to receive correspondence and newsletters  **via email electronically**  **in the mail**

Please list any changes you would like to make to your listing in our Membership and Skills Directory (25 word maximum please):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Membership Fee: \$50.00**

**Instructors: Please print name and sign below if student is signing up in class:**

Instructor Name: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

Make your check or money order payable to The Society of Ortho-Bionomy International (U.S. Dollars). Please do not send cash. You may also pay by Visa or MasterCard. Your membership card and membership packet will be sent in the mail. Please allow for 6-8 weeks delivery.

Visa/Master Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

2008 Office Use Only: Member # \_\_\_\_\_ ACT! \_\_\_\_\_ Check Date \_\_\_\_\_ Check Amt \_\_\_\_\_ Check # \_\_\_\_\_ Renewal Date \_\_\_\_\_

## *Associate Membership Benefits and Requirements*

### **Associate Membership in the Society of Ortho-Bionomy International includes the following benefits:**

- Limited Trademark Privileges: Associate Members may use the term “Ortho-Bionomy®” in their promotional literature by listing Ortho-Bionomy among the bodywork modalities they practice (However this cannot give the impression, directly or indirectly, that the user is a Practitioner or Instructor of Ortho-Bionomy).
- Voting Privileges: Associate Members are entitled to vote on general matters pertaining to the Society of Ortho-Bionomy International such as electing the Board of Directors.
- One year subscription to “Ortho-Bionomy News” the Society’s quarterly newsletter.
- The “Membership and Skills Directory” published yearly.
- Associate Membership card which guarantees discounts on classes that you repeat (when available), discounts on services offered in the Membership and Skills Directory, and discounts on our Annual Conference registration fees.
- Discount of \$50.00 on membership (which includes insurance coverage) in the Associated Bodywork & Massage Professionals (ABMP) if you qualify.
- Professionally staffed telephone referral service for people looking for people seeking Ortho-Bionomy services.
- Membership packet with articles, descriptions of courses and training programs, and other information helpful to your continued study and practice of Ortho-Bionomy.

### **Associate Membership Requirements:**

- Complete 112 units of Ortho-Bionomy instruction consisting of a minimum of 32 units of Basics/Phase Four, 16 units of Phase Five, and 16 units of Phase Six. The balance of units should be from the required classes in the Registered Practitioner Training Program.
- Ethics requirement. There are three options to meet the Ethics requirement, which are listed on page two of this form.
- Receive a session from a registered practitioner or instructor.
- Complete a satisfactory evaluation session with a Registered Instructor of Ortho-Bionomy.

### **Continuing Education Requirement:**

- Associate Members must complete 16 units of continuing education in Ortho-Bionomy every two years. A copy of the certificate of attendance or other documentation must be included with payment of dues.

## **Options To Meet the Ethics Class Requirement for Associate Level Membership**

There are three options to meet the Ethics requirement. Note that option one listed below also fulfills the Practitioner Training Program requirement. The other two options only cover the requirements for Associate membership, so an Ortho-Bionomy Ethics class would be necessary if the applicant wanted to become a Practitioner.

### **1. Ortho-Bionomy Ethics and Emotions 16 hour course**

If this option is chosen, this class will also fulfill the Ethics class requirement in the Practitioner Training Program.

### **2. Professional Ethics Course outside of Ortho-Bionomy, has been completed**

If a professional Ethics course has already been completed, then a one-hour tutorial with a Registered Ortho-Bionomy® Instructor to review, discuss and sign the SOBI Code of Ethics and Trademark Agreement forms. The code of ethics form, trademark form, a transcript from an accredited school showing an equivalent class, and a letter or certificate of completion of the tutorial must be included with the Associate membership application in order to fulfill the Ethics requirement.

### **3. No Professional Course has been completed.**

If no previous professional ethics course, an Ethics-focused 2-3 hour individual or group tutorial with a Registered Ortho-Bionomy® Instructor to include relevant information and interaction, addressing and signing the SOBI Code of Ethics and Trademark Agreement forms. The code of ethics form, trademark form, and a letter or certificate of completion of the tutorial must be included with the Associate membership application in order to fulfill the Ethics requirement.

The full 16-hour Ethics & Emotions class for the Practitioner Training Program is still required for Practitioner Training. The Associate member Ethics Options 2 & 3 listed above fulfill 1-3 tutorial credits in the Practitioner Training Program, but not count toward the 16 hour Ortho-Bionomy Ethics & Emotions course.

**Society of Ortho-Bionomy International<sup>®</sup>**

5335 N. Tacoma Avenue Suite #21G, Indianapolis, Indiana 46220  
U.S. and Canada Toll Free: 800-809-3747  
E-mail: office@ortho-bionomy.org  
www.ortho-bionomy.org

Local and International: 317-536-0064  
Fax: 317-536-0065

### Associate Membership Form

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

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

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

\_\_\_\_ Check if new address information

**Associate Membership Fee: \$85.00**     **Please check here if you are a New Member of the Society**

International members please check with office for rates. Make your check or money order payable to The Society of Ortho-Bionomy International (U.S. Dollars). Please do not send cash. You may also pay by Visa or MasterCard. Your membership card and membership packet will be sent in the mail. Please allow for 6-8 weeks delivery.

Visa/Master Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Three digit verification code (in signature block on back of credit card) \_\_\_\_\_

Signature \_\_\_\_\_ [ ] Do not place me on the referral lists.

**Documentation of Associate Membership Entrance Requirements: (112 Units)**

Class	Location	Date	Units	Instructor's Signature
Phase Four (16):	_____	_____	_____	_____
Phase Four (16):	_____	_____	_____	_____
Phase Five (16):	_____	_____	_____	_____
Phase Six (16):	_____	_____	_____	_____
Ethics & Emotional Issues (16)	_____	_____	_____	_____

Continued on back

**Documentation of Associate Membership Entrance Requirements - Continued: (32 Units)**

<b>Class</b>	<b>Location</b>	<b>Date</b>	<b>Units</b>	<b>Instructor's Signature</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Session Received:**

I (*Registered Practitioner or Instructor*) \_\_\_\_\_ have given  
\_\_\_\_\_ an Ortho-Bionomy session.

Instructor/Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Evaluation Session:**

I (*Registered Instructor*) \_\_\_\_\_ have received a satisfactory session from  
\_\_\_\_\_ and find that s/he has a competent  
understanding of Ortho-Bionomy.

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2008	Office Use Only: Member # _____ ACT! _____ Check Date _____ Check Amt _____ Check # _____ Renewal Date _____
------	--------------------------------------------------------------------------------------------------------------

# Registered Practitioner Training Program Application

Please Type or Print Clearly

Society of Ortho-Bionomy International®  
5335 N. Tacoma Ave., Suite 21G, Indianapolis, IN 46220  
(800) 809-3747 US and Canada Toll Free  
E-mail: office@ortho-bionomy.org  
Website: www.ortho-bionomy.org

Local & International (317) 536-0064  
Fax (317) 536-0065

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

\_\_\_\_\_  
Address \_\_\_\_\_

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

\_\_\_\_\_  
Country \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_  
E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

### Entrance Requirements:

Phase IV Workshop: \_\_\_\_\_  
Date \_\_\_\_\_ Location \_\_\_\_\_ Instructor \_\_\_\_\_

Receive Two Ortho-Bionomy sessions from a Registered Instructor or Registered Practitioner:

Session 1 \_\_\_\_\_  
Date \_\_\_\_\_ Practitioner/Instructor \_\_\_\_\_

Session 2 \_\_\_\_\_  
Date \_\_\_\_\_ Practitioner/Instructor \_\_\_\_\_

### Advisor Information (Required for entrance into the Practitioner Training Program):

Advisor Name (Please print legibly) \_\_\_\_\_

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

### Enrollment Fee: \$100 (Pay by check or credit card in USD)

Visa/Mastercard Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

-----**For Office Use Only**-----

\_\_\_\_\_ Date Received       Applicant Notified       Advisor Notified       ACT! Noted

# Registered Practitioner Program Record Form

Please Type or Print Clearly

Society of Ortho-Bionomy International®  
5335 N. Tacoma Ave., Suite 21G, Indianapolis, IN 46220  
(800) 809-3747 US and Canada Toll Free  
E-mail office@ortho-bionomy.org  
Web: www.ortho-bionomy.org

Local & International (317) 536-0064  
Fax (317) 536-0065

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Country Home Phone

\_\_\_\_\_  
E-mail Work Phone

Date Enrolled in Practitioner Training Program \_\_\_\_\_

Date Completed Practitioner Training Program \_\_\_\_\_

**Advisor Information:**

Advisor Name (Please print legibly) \_\_\_\_\_

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

-----For Office Use Only-----

- |                            |                                                   |                                           |                                                  |
|----------------------------|---------------------------------------------------|-------------------------------------------|--------------------------------------------------|
| _____ Date Received        | <input type="checkbox"/> Applicant Notified       | <input type="checkbox"/> Advisor Notified | <input type="checkbox"/> ACT! Noted              |
| _____ PRC Results Received | <input type="checkbox"/> Web Notified             | <input type="checkbox"/> Newsletter       | <input type="checkbox"/> Certificate Spell Check |
|                            | <input type="checkbox"/> Cert. Sent for Signature | <input type="checkbox"/> Certificate Back | <input type="checkbox"/> Certificate Mailed      |
|                            | <input type="checkbox"/> Member Card Sent         |                                           |                                                  |

**Practitioner Program Curriculum Checklist:**

(Units are approximately equal to one hour, 16 units per weekend)

As you complete each class or requirement, check the appropriate box below.

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	64 Units	Phase IV
<input type="checkbox"/>	16	Phase V
<input type="checkbox"/>	16	Phase VI
<input type="checkbox"/>	16	Postural Re-education & Post Techniques
<input type="checkbox"/>	16	Isometrics
<input type="checkbox"/>	16	Exploration of Movement Patterns
<input type="checkbox"/>	16	Chapman's Reflexes
<input type="checkbox"/>	16	Ethics & Emotional Issues
<input type="checkbox"/>	16	Demonstration Skills
<input type="checkbox"/>	16	Elements of a Successful Practice
<input type="checkbox"/> <input type="checkbox"/>	32	Anatomy & Physiology
<input type="checkbox"/>	16	Elective(s)
<input type="checkbox"/>	40	Residential (5 day minimum)
<input type="checkbox"/>	16	Practitioner Training Seminar
<input type="checkbox"/>	18	Study Group (six 3/4 hour minimum)
<input type="checkbox"/>	8	Sessions Received
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3	Feedback Sessions
<input type="checkbox"/>	9	Consultations (formerly Private Discussions)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3	Evaluation Sessions
<input type="checkbox"/>	1	Supervised Demonstration (one)
<input type="checkbox"/>	1	Essay
<input type="checkbox"/>	<u>150</u>	<u>Documented Sessions</u>
	505 Units Total	

**Final Checklist Prior to Sending Documentation to the Society Office for the Practitioner Review Committee (PRC)**

- Letter announcing your request to be registered as a Practitioner (Typed)
- Letters of Recommendation including documentation and feedback sessions attached
- Documentation of waiver of any requirements attached
- \$150 Matriculation Fee to the Society of Ortho-Bionomy International
- Advisor Signature confirming completion of program and complete documentation for your application
- 4 copies of signed program forms, waivers and support documentation, **keep copy of forms for your records**
- 1 copy of your program form mailed to your Advisor
- A letter of recommendation from the Registered Instructor who observed your demonstration (Typed)
- Essay (Typed)
- Confirm all your course requirements have been signed off by the instructor or your advisor
- Mail in your forms (mail marked "no Signature required") to the Society office **at least two weeks** prior to the next PRC deadline. (We are unable to process faxed or e-mailed material). The Practitioner Review Committee deadlines are March 15, June 15, September 15 and December 15. Only one level of evolverment will be reviewed at a time and the students must previously have completed their application and registered for the Practitioner Training program before they send in their final submission packet.

You will receive notice from the SOBI office that your packet has been received either by e-mail or mail. The office will contact you if there are any questions regarding your completed Practitioner packet.

**Practitioner Training Program Record Form (Page 1 of 5)**

**Phase IV (64 units)**

Location	Date	Units	Instructor Signature

**Phase V (16 units)**

Location	Date	Units	Instructor Signature

**Phase VI (16 units)**

Location	Date	Units	Instructor Signature

**Postural Re-education & Post Techniques (16 units)**

Location	Date	Units	Instructor Signature

**Isometrics (16 units)**

Location	Date	Units	Instructor Signature

**Exploration of Movement Patterns (16 units)**

Location	Date	Units	Instructor Signature

**Chapman's Reflexes (16 units)**

Location	Date	Units	Instructor Signature

**Ethics & Emotional Issues (16 units)**

Location	Date	Units	Instructor Signature

**Demonstration Skills (16 units)**

Location	Date	Units	Instructor Signature

**Practitioner Training Program Record Form Cont'd  
Elements of a Successful Practice (16 units)**

(page 2 of 5)

Location	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

**Anatomy & Physiology (32 units)**

Location	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

**Residential (40 units – 5 day minimum)**

Location	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

**Practitioner Training Seminar (16 units)**

Location	Date	Units	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

**Electives (16 units)**

Class	Location	Date	Units	Instructor Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Study Groups (18 units – six 3 hour minimum)**

1. Date: \_\_\_\_\_  
 Inst./Pract. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Topic: \_\_\_\_\_

---

2. Date: \_\_\_\_\_  
 Inst./Pract. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Topic: \_\_\_\_\_

---

3. Date: \_\_\_\_\_  
 Inst./Pract. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Topic: \_\_\_\_\_

---

4. Date: \_\_\_\_\_  
 Inst./Pract. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Topic: \_\_\_\_\_

---

Practitioner Training Program Record Form Cont'd

(page 3 of 5)

Study Groups (cont'd)

5. Date: \_\_\_\_\_
Inst./Pract. Name: \_\_\_\_\_ Signature: \_\_\_\_\_
Topic: \_\_\_\_\_

6. Date: \_\_\_\_\_
Inst./Pract. Name: \_\_\_\_\_ Signature: \_\_\_\_\_
Topic: \_\_\_\_\_

Tutorial It is recommended that for every 100 classroom units you complete, you receive 3 sessions, do 1 session for feedback and participate in 3 private discussions. Tutorials include 8 units of sessions received, 3 sessions given for feedback, and 9 units of consultations.

Sessions Received (8 units)

Table with 4 columns: Date, Instructor/Practitioner, Date, Instructor/Practitioner. Multiple rows for recording session data.

Sessions for Feedback (3 units)

1. Session for Feedback

Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_
Focus of session, Instructor comments and recommendations: \_\_\_\_\_

2. Session for Feedback

Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_
Focus of session, Instructor comments and recommendations: \_\_\_\_\_

3. Session for Feedback

Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_
Focus of session, Instructor comments and recommendations: \_\_\_\_\_

Practitioner Training Program Record Form Cont'd

(page 4 of 5)

Consultations (9 Units)

- 1. Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- 2. Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- 3. Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- 4. Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- 5. Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- 6. Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- 7. Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- 8. Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_
- 9. Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_  
Topic: \_\_\_\_\_

Documented Sessions (150 Units)

	Date	Units	Instructor Signature
Reviewed	_____	50	_____
Reviewed	_____	50	_____
Reviewed	_____	50	_____

Evaluation Sessions (3 Units)

- |                                                            | Date  | Instructor Signature |
|------------------------------------------------------------|-------|----------------------|
| <input type="checkbox"/> Documentation of Session Attached | _____ | _____                |
| <input type="checkbox"/> Documentation of Session Attached | _____ | _____                |
| <input type="checkbox"/> Documentation of Session Attached | _____ | _____                |

Supervised Demonstration (1 Unit)

- Documentation of Demonstration Attached  
Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

Practitioner Training Program Record Form Cont'd

(page 5 of 5)

Essay

Typed Essay – Attached

Additional Classes

Class	Location	Date	Units	Instructor Signature

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor/Instructor Signature Confirming Completion of Program

(Advisor/Instructor Name Printed)

I \_\_\_\_\_ have reviewed the completed Record form and supporting documentation and the applicant has completed and documented the required elements for submission to satisfactorily evolve to Practitioner.

\_\_\_\_\_  
Advisor/Instructor Signature

\_\_\_\_\_  
Date

**Society of Ortho-Bionomy International®**

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Indianapolis, Indiana 46220  
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Fax: 317-536-0065  
E-mail: office@ortho-bionomy.org  
www.ortho-bionomy.org

**Waiver Request**  
(Submit 4 copies)

**Associate Membership Waiver Request**

I \_\_\_\_\_ am requesting a waiver for the Associate Membership requirements of *Ethics and Emotional Issue* (must provide a transcript from an accredited school of class taken within last 5 years equal to 16 CEU's or 3 credit hours)

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

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

**Practitioner/Advanced Practitioner Waiver Request**

I \_\_\_\_\_ am requesting a waiver for the following Practitioner/Advanced Practitioner Training Program requirements of:

\_\_\_ *Elements of a Successful Practice* – Business management and public relations experience and/or class(es) taken at college or in work related training.

\_\_\_ *Anatomy & Physiology* – Course taken at a local college, professional training in the medical field, or training in massage school with an equivalent number of hours.

Please attach a letter to the Practitioner Review Committee detailing the reasons a waiver should be granted as well as a letter of support from your advisor. All letters must be typed. Supporting documentation should be attached. See page 4 of the Practitioner Program Handbook for complete instructions on completing a waiver request.

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

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

**(Committee Use Only)**

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

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

**For Office Use Only**

\_\_\_\_\_ Date Received from Member \_\_\_\_\_ Date Received from Committee  
 Applicant Notified     ACT! Noted     Advisor Notified     Letter Mailed