

Society of Ortho-Bionomy International®

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Practitioner Waiver Request
(Submit 4 copies)

Date: _____

I _____ am requesting a waiver for the following Practitioner

Training Program requirements of:

- Demonstration Skills
- Elements of a Successful Practice
- Anatomy and Physiology

Special Requests:

Please attach a letter or note to the Practitioner Review Committee detailing the reasons a waiver should be granted. Supporting documentation should be attached.

Signed: _____ Date: _____

Advisor Signature: _____

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(Office Only)

Request Granted
(PRC Chairperson)

Signed: _____

Request Not Granted
(Attach Explanation)

Date: _____