

**Svetlana Masgutova Educational Institute®  
for Neuro-Sensory- Motor and Reflex Integration, LLC**



## **MNRI® Student Teacher Instructor Application**

Name:

Address:

Email:

cell:

home:

work:

Date of application:

Date you became a MNRI® Core Specialist:

Date of invitation to become a MNRI® Student Teacher by Dr. Masgutova and Pamela Curlee:

MNRI® Course you are applying to teach:

Dates that you have taken this MNRI® Course (at least twice for all courses except Dynamic and Postural which must be taken at least 3 times) and Instructors:

Background and experience in teaching:

Strengths in Teaching:

Weaknesses in Teaching:

P.O. Box 1651, Melrose, Florida 32666  
email: [drpatty@pkconceptsinc.com](mailto:drpatty@pkconceptsinc.com)  
Ph: (352) 475-3311  
Fax: (866) 811-2779

What do you need from SMEI, LLC to assist you in transforming these weaknesses into strengths?

Why do you want to teach this MNRI® course?

Explain how you would deal with the following issues that come up during teaching:

- Technical questions for this particular course
  
- Challenges from class participants
  
- Emotional responses to the work

Please attach two letters of recommendation about your skills in MNRI® (preferably from other MNRI® Core Specialists who have witnessed you teaching or sharing the MNRI processes with someone else):

Please attach two letters of reference from two non-MNRI® persons about your skills as an Instructor or potential to become an Instructor from.

Please send this form plus a photo to Patty Shackleford at ([drpatty@masgutovamethod.com](mailto:drpatty@masgutovamethod.com)).

**I agree to abide by the MNRI® Code of Ethics and Conduct**

Signature:

Date: