INTERNATIONAL ASSOCIATION OF CANINE PROFESSIONALS
P.O. Box 928, Lampasas, TX 76550
certification@canineprofessionals.com

IACP Education and Certification Committee

THIS APPLICATION IS FOR VERIFICATION OF CONTINUING EDUCATION CREDITS

To apply for Continuing Education Credit (CEU), an applicant must be a Professional Member in good standing of the IACP and have passed the IACP CDT and CDTA and/or PDTI exam, and received a certification certificate. As a requirement to maintain your certification, a minimum of 20 hours of continuing education credit must be completed every two years. ***Proof of continuing education credit must be submitted using this form accompanied by a fee of fifty dollars ($50.00 U.S.).***

Please review the CDTA or PDTI test "Maintaining Certification" section for specific requirements. Units may be applied to either certification or concurrently. Continuing Education hours may be acquired and accumulated by attending IACP approved seminars, lectures, workshops, webinars, conferences and, or classes offered through educational institutions and private educators.

Proof must be submitted every two years using this official form. No other form will be accepted and any changes to this form will render it invalid. Complete the table below and **attach copies of certificates or other proof of attendance for each credit hour. A**ttach any additional listings on a separate piece of paper with your name included for identification. Send this completed form with a check, money order, or credit card payment in U.S. funds to the IACP at the address above, with your fee of $50.00.

CONTINUING EDUCATION CREDITS FOR:
Check the box for the Certification you hold:

☐ **IACP Certified Dog Trainer Advanced (CDTA) Fee: $50.00**

☐ **IACP Professional Dog Training Instructor (PDTI) Fee: $50.00**

_____ **(xxxx) Year(s) to which these CEU's apply**

Signature: _____**Date:** _____

Name:_____
(Please PRINT)
Address:_____

City/State/Zip:_____

Phone:_____ Fax: _____

E-Mail address:

	Course Month, Day, Year: MM/DD/YY	Featured Presenter	Event Type	Location	Certificate of completion attached	Hours of Credit Received
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
				TOTAL		

☐ Visa ☐ MasterCard ☐ American Express ☐ Money Order ☐ Check _____

_____ Expires _____ CCV _____
Credit Card Number

_____ _____
Name on Card (Print) Cardholders Signature