



IACP CSDT Grandfather Application

Your Name: _____ IACP Member #: _____

Address: _____

City, State, Zip: _____ Email: _____

You must be able to check off each of the following:

1. () Check enclosed payable to IACP for \$20.00 (US) or () payment by Credit Card

Credit Card #

EXP Date:

CVV #

Name on Credit Card

2. **One of the following:**

- a. () Yes, I completed my CDTA **or**
- b. () I have completed my CDT and have 10 years of proven experience training service dogs/tasks

“If CDT only must have one Service Dog Client Form from more than 10 years ago that is notarized”

3. () I have asked 3 professional references to write letters on my behalf (may not be same ones used for CDT) – I have instructed references to mail directly to evaluation committee
4. I have been a Professional Member of IACP for 5 consecutive years and **one of the following**
- a. () if a CDTA, have been training and/or placing service dogs for 5 years or more
- b. () if a CDT have been training and placing service dogs for 10 years or more

5. **Choose one:**

- a. () I am having 3 service dog clients complete the appropriate client form.

I instructed Clients to mail or email directly to the evaluation committee

- b. () I am including 1 video tape (see requirements) or uploading per instructions that I have been given by Service Dog Trainer Certification Committee. If CDT must still submit one client form from more than 10 years ago with signature notarized

I am applying for () CSDT.

I understand and agree to the following: If awarded the CSDT, I must remain a member in good standing of IACP to maintain it. I must re-certify every two years by submitting: 20 CEUs every 2 years and application form, as per the Service Dog Committee guidelines for allowed CEU's. I agree to adhere to and abide by the IACP Code of Conduct and certification policies. If paying by credit card, I authorize the IACP Administrative office to run my credit card for my application fee.

Print your name: _____

Sign your name: _____ Date: _____

Email or Send Application to – **IACP – CSDT c/o Kristi Smith** or **IACP Administrative Offices**
10237 W. Westwind Drive **P.O. Box**
Peoria, AZ 85383 **Lampasas, TX 76550**
SDcmte@canineprofessionals.com

IACP form GRNDFACSDT