



**INTERNATIONAL ASSOCIATION OF CANINE PROFESSIONALS**

8214 W. Acoma Drive, Peoria, AZ 85381

623-695-3926

*Service Dog Committee / Service Dog Trainer Certification Workgroup*

**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 CSDT 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 one hundred dollars (\$100.00 U.S.).***

Please review the CSDT exam “CSDT CEU Information” for specific requirements. CEU units used for CDTA & PDTI CEU’s may be used for CSDT CEU’s concurrently. Continuing Education hours may be acquired and accumulated by attending IACP Service Dog Committee approved seminars, lectures, workshops, webinars, conferences and, or classes offered through educational institutions, private educators or medical facilities.

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.** Attach 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 \$100.00.

<p><b>CONTINUING EDUCATION CREDITS FOR:</b>          Check the box for the Certification you hold:</p> <p><input type="checkbox"/> IACP Certified Service Dog Trainer (CSDT) Fee: \$100.00          ( _____ ) Year(s) to which these CEU's apply</p> <p>Signature: _____ Date: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email address: _____</p>
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	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						
				<b>TOTAL</b>		

Visa    Mastercard    American Express    Money Order    Check # \_\_\_\_\_

\_\_\_\_\_  
Credit Card #

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

\_\_\_\_\_  
CVV

\_\_\_\_\_  
Name on Card (Print)

\_\_\_\_\_  
Cardholder Signature