REQUEST TO TAKE IACP SERVICE DOG TRAINER CERTIFICATION

I, _____, do hereby state that I have been a Professional Member of the IACP for not less than 6 months and have 5 years of experience training and placing service dogs. I am a Certified Dog Trainer (CDT) with the IACP and am hereby requesting consideration for the IACP Service Dog Trainer Certification (CSDT). I understand and agree that is awarded the CSDT, I must remain a member in good standing of IACP and must re-certify every two years by submitting 20 CEU's and Applicable form as per the Service Dog Committee guidelines for allowed CEU's.

Further, I agree that I currently do and shall continue to conduct myself with due regard to the public conventions and morals of the Service Dog Training industry and that I shall not, while rendering such services to the public, exceed parameters that I have the ability/skills to train. I agree to adhere to the IACP Standards of Behavior for Service Dogs and IACP Code of Conduct. Additionally, I do not or shall not omit or commit any act or thing that will tend to degrade or injure the dog training industry or offend the general public or dog training community.

I further agree that I will evaluate and test for all appropriate health considerations for the service dogs that I am training based on the specific breed. I further agree that I will not inflict upon the dog any tasks or requirements above his physical or mental ability to be easily performed by the service dog.

I further attest that I have been provided with and understand the following in preparation for taking this Certification.

- ❑ Directions for the Service Dog Trainer Certification
- ❑ Proxy Requirements and ❑ DVD Requirements
- ❑ Check enclosed payable to IACP for $75.00 (US) or ❑ payment via Credit Card

If paying by credit card, my signature below, also authorizes the IACP administrative offices to charge my application fee to the credit card listed.

_____

Mailing Address:

_____ _____

Email: Phone:

_____ _____ _____

Credit Card # EXP Date: CVV #

_____

Name on Credit Card

_____ _____

Member Printed Name IACP Member Number

_____ _____

Signature Date

Return Completed Application to:

IACP Service Dog Certification Committee
c/o Kristi Smith
8214 W. Acoma Drive
Peoria, AZ 85381
IACPSDCmte@gmail.com

or

IACP Administrative Office
P.O. Box 928
Lampasas, TX 76550