

Employment Information

E. EMPLOYMENT STATUS:

- Own a dog-related business
- Employed by someone else who owns a dog-related business
- Other

F. IF SELF-EMPLOYED, NUMBER OF YEARS IN BUSINESS:

- Not self-employed
- 2 to 5 years
- More than 10 years
- Less than 2 years
- 5+ to 10 years

G. NUMBER OF EMPLOYEES WORKING FOR YOU:

- Not applicable
- 1 to 5
- More than 10
- None
- 6 to 10

H. PRIMARY BUSINESS ACTIVITY:

- Boarding
- Private lessons
- Canine behavior consultation
- Retail
- Daycare
- Other (please specify) _____
- Grooming
- Group class training

I. 1. ARE YOU A MEMBER OF APDT?

- No
- Yes

APDT Membership Number

If yes, please indicate APDT Membership Number in the boxes provided.

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(NOTE: Membership is not required.)

2. ARE YOU A MEMBER OF ANOTHER ORGANIZATION? (Select all that apply.)

- CAPPDT
- IAABC
- IACP
- PPG
- NADOI
- Other (please specify) _____

J. CANINE BEHAVIOR SERVICES OFFERED:

- Aggression
- Barking
- Biting / Nipping
- Fear
- House training
- Leash problems
- Separation anxiety
- Other (please specify) _____

Application Checklist and Signature

I certify that the information given in this Application is accurate, correct, and complete. I also certify that hours claimed qualify as CEUs according to the CCDPT credit allowances and limitations.

Please be sure the following have been completed online:

- Proof of at least 36 hours of continuing education units
- One multiple choice test question
- Signed Code of Ethics

Please be sure to include the following with the application:

- Check in the amount of \$190 payable to Professional Testing Corporation or fill out the Credit Card Payment

CANDIDATE SIGNATURE: _____ **DATE:** _____

CREDIT CARD PAYMENT

If you want to charge your application fee on your credit card provide all of the following information:

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: \$ _____ Card type: Visa

MasterCard

Expiration date (month/year): _____ / _____

American Express

Card Number: _____

Signature: _____

FOR OFFICE USE ONLY

Date

Fee: _____

CC Check

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