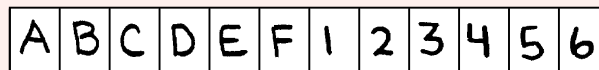




MARKING INSTRUCTIONS: *This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.*



Candidate Information

Mr. Mrs. Ms. Dr. **First Name**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial

--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suffix (Jr., Sr., etc.)

--

--

Number and Street

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Apartment Number

--

--

--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province

--

Zip/Postal Code

--

--

--

--

Daytime Phone

--

--

-

--

--

-

--

--

-

--

--

-

--

E-mail Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Website Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Requirements for Recertification through CE - CPDT-KA

- Recertification is required every three years. You must meet the following requirements for recertification:
1. Completion of 36 continuing education units (CEUs) during the current three years of certification
 2. Submission of one multiple choice question to be used in a future certification examination
 3. Signed Code of Ethics

**CPDT-KA®
 CERTIFICATE NUMBER:**

--	--	--	--	--	--	--	--	--	--

TOTAL CEU HOURS CLAIMED:

--	--	--	--	--

(At least 36 within past 3 years)

--

 .

--

Background Information

Darken only one choice for each question unless otherwise directed.

- A. HOW MANY HOURS PER WEEK DO YOU SPEND TRAINING DOGS?** *(Include group classes and private lessons.)*
- 1 to 10 hours 21 to 30 hours More than 40 hours
 11 to 20 hours 31 to 40 hours
- B. HOW MANY DOGS ON AVERAGE DO YOU GIVE PRIVATE LESSONS TO IN A TYPICAL WEEK?**
- None 11 to 20 More than 30
 1 to 10 21 to 30
- C. HOW MANY GROUP LESSONS ON AVERAGE DO YOU GIVE IN A TYPICAL WEEK?**
- None 6 to 10
 1 to 5 More than 10

- D. HIGHEST LEVEL OF EDUCATION ATTAINED:**
- High School Diploma or GED Equivalent Bachelor's Degree
 Some College Some Graduate School
 Associate's Degree Graduate Degree
- E. HOW LONG HAVE YOU BEEN TRAINING DOGS AS AN INSTRUCTOR?** *(Do not include apprenticeship programs or assistant instructor positions.)*
- Less than 2 years 3+ to 5 years More than 10 years
 2 to 3 years 5+ to 10 years

(Continue on page 2)



Employment Information

F. EMPLOYMENT STATUS:

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

G. IF SELF EMPLOYED, NUMBER OF YEARS IN BUSINESS:

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

H. NUMBER OF EMPLOYEES WORKING FOR YOU:

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

I.1. ARE YOU A MEMBER OF APDT?

- No
- Yes

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

APDT Membership Number

--	--	--	--	--	--

(NOTE: Membership is not required.)

2. ARE YOU A MEMBER OF ANOTHER ORGANIZATION?

(Select all that apply)

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

J. PRIMARY BUSINESS ACTIVITY:

- Boarding
- Private lessons
- Daycare
- Retail
- Grooming
- Other (please specify)
- Group class training

K. PRIMARY TRAINING SERVICE OFFERED:

- Agility classes
- Puppy classes
- Basic obedience classes
- Search and Rescue (SAR)
- Behavior Consulting
- Sporting and field classes
- Competition obedience classes
- Therapy training
- Conformation classes
- 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 section below.

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
 American Express

Expiration date (month/year): _____ / _____

Card Number: _____

Signature: _____

FOR OFFICE USE ONLY

Date

Fee: _____

CC Check

40229

