



**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
- 5+ to 10 years
- Less than 2 year
- More than 10 years
- 2 to 5 years

**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

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(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 48 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

\_\_\_\_\_

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