

**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. →

A	B	C	D	E	F	1	2	3	4	5	6
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### Candidate Information

Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Dr. \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix (Jr., Sr., etc.) \_\_\_\_\_

Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Are you applying to renew your CCPDT-KA® certificate?**

No CPDT-KA Certificate Number \_\_\_\_\_  
 Yes \_\_\_\_\_

### Eligibility and Background Information

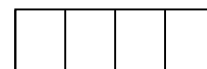
### Examination Date

Spring  Fall

Darken only one choice for each question unless otherwise directed.

- A. HOW MANY HOURS OF EXPERIENCE IN DOG TRAINING HAVE YOU HAD OVER THE LAST FIVE YEARS?**
- Less than 300 hours  501 to 600 hours  
 300 to 500 hours  More than 600 hours
- B. HOW MANY HOURS OF EXPERIENCE IN OTHER DOG-RELATED AREAS HAVE YOU HAD OVER THE LAST FIVE YEARS?**
- Less than 300 hours  More than 500 hours  
 300 to 500 hours
- C. 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
- D. 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
- E. HOW MANY GROUP LESSONS ON AVERAGE DO YOU GIVE IN A TYPICAL WEEK?**
- None  6 to 10  
 1 to 5  More than 10
- F. 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
- G. IF YOU APPRENTICED UNDER ANOTHER TRAINER, HOW LONG WERE YOU IN THAT PROGRAM?**
- Less than 2 years  More than 3 years  
 2 to 3 years  Not applicable
- H. IF YOU TRAINED AS AN ASSISTANT INSTRUCTOR, HOW LONG WERE YOU IN THAT PROGRAM?**
- Less than 2 years  More than 3 years  
 2 to 3 years  Not applicable
- I. HIGHEST LEVEL OF EDUCATION ATTAINED:**
- High School Diploma or GED Equivalent  Bachelor's Degree  
 Some college  Some Graduate School  
 Associate's Degree  Graduate Degree
- J. HAVE YOU TAKEN THIS EXAMINATION BEFORE?**
- No  Yes *If yes, indicate month, year, and name under which examination was taken.*
- Date (month/year): \_\_\_\_\_
- Name: \_\_\_\_\_  
(If different than on current application.)

**(Continue on page 2)**



**Employment Information**

**K. EMPLOYMENT STATUS:**

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

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

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

**M. NUMBER OF EMPLOYEES WORKING FOR YOU:**

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

**N. PRIMARY BUSINESS ACTIVITY:**

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

**O.1. ARE YOU A MEMBER OF APDT?**

- No
  - Yes
- APDT Membership Number
- If yes, please indicate APDT Membership Number in the boxes provided. (NOTE: Membership is not required.)
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**2. ARE YOU A MEMBER OF CAPPDT, NADOI, IAABC, OR IACP? (Select all that apply)**

- CAPPDT
- IAABC
- IACP
- NADOI
- Other (please specify) \_\_\_\_\_

**P. HOW DID YOU FIND ABOUT THIS EXAMINATION?**

- Colleague
- Brochure displayed in veterinary office
- Brochure displayed in other location (pet shop, groomer, pet sitter, etc)
- Client
- CCPDT website
- Internet
- APDT
- Other (please explain) \_\_\_\_\_

**Q. PRIMARY TRAINING SERVICE OFFERED:**

- Agility classes
- Basic obedience classes
- Behavior Consulting
- Competition obedience classes
- Conformation classes
- Puppy classes
- Search and Rescue (SAR)
- Sporting and field classes
- Therapy training
- Other (please explain) \_\_\_\_\_

**Optional Information**

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

**Race:**

- African American
- Asian
- Hispanic
- Native American
- White
- Other

**Age Range:**

- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+

**Gender:**

- Male
- Female

**Candidate Signature**

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete. Please be sure to include a signed copy of the CCPDT Code of Ethics and Attestation Statement with this Application.

**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: \$ \_\_\_\_\_

Expiration date (month/year): \_\_\_\_\_ / \_\_\_\_\_

Card type:  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

Fee: \_\_\_\_\_

CC  Check

\_\_\_\_\_

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