

Application for

RECERTIFICATION THROUGH CONTINUING EDUCATION FOR PROFESSIONAL DOG TRAINERS - KNOWLEDGE ASSESSED (CPDT-KA)

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.

Α	B	C	D	E	F	1	2	3	4	5	6
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Cal	didate Information
0	First Name Middle Initial
8	S.
	Name Suffix (Jr., Sr. , etc.)
Las	value Sullix (of., of., etc.)
Nur	er and Street Apartment Number
Ivui	Apartment Number
C:+	Chate (Day in a Tim (Day to Local)
City	State/Province Zip/Postal Code
L	
Day	ne Phone Evening Phone
E-m	Address
We	ite Address
Re	uirements for Recertification through CE - CPDT-KA
Red	rtification is required every three years. You must meet the following requirements for recertification: . 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)
Ba	ground Information
Dar	en only one choice for each question unless otherwise directed.
Α.	D. HIGHEST LEVEL OF EDUCATION ATTAINED: O High School Diploma or GED Equivalent O Some Graduate School O 1 to 10 hours O 31 to 40 hours O 31 to 40 hours
В.	IOW MANY DOGS ON AVERAGE DO YOU GIVE RIVATE LESSONS TO IN A TYPICAL WEEK? None
C.	O 1 to 10 O 21 to 30 O Less than 2 years O 3+ to 5 years O More than 10 years O U GIVE IN A TYPICAL WEEK?
	O None O 6 to 10 (Continue on page 2) O 1 to 5 O More than 10







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Employment Information					
F. EMPLOYMENT STATUS: ○ Own a dog-training or dog-related business ○ Employed by someone else who owns a dog-training business ○ Other	J. PRIMARY BUSINESS ACTIVITY: O Boarding O Private lessons O Daycare O Retail O Grooming O Other (please specify) O Group class training				
G. IF SELF EMPLOYED, NUMBER OF YEARS IN BUSINESS: O Not self-employed O 5+ to 10 years O Less than 2 year O More than 10 years O 2 to 5 years H. NUMBER OF EMPLOYEES WORKING FOR YOU:	K. PRIMARY TRAINING SERVICE OFFERED: O Agility classes O Basic obedience classes O Search and Rescue (SAR) O Behavior Consulting O Sporting and field classes				
○ Not applicable○ 1 to 5○ More than 10○ None○ 6 to 10	O Competition obedience classes				
I.1. ARE YOU A MEMBER OF APDT? O No O Yes If yes, please indicate APDT Membership Number in the boxes provided. APDT Membership is not required.)					
2. ARE YOU A MEMBER OF CAPPDT, NADOI, IAABC, OR IACP? (Select all that apply) CAPPDT NADOI IAABC Other (please specify)					
□ IACP					
Application Checklist and Signature I certify that the information given in this Application is accur claimed qualify as CEUs according to the CCDPT credit allow	rate, correct, and complete. I also certify that hours vances and limitations.				
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