



**TRAINER CERTIFICATION PROGRAM APPLICATION
CATEGORY 1**

Name: _____ USHJA Member #: _____

Address: _____
Number and Street City ST Zip Code

Telephone: _____ Fax : _____ E-mail: _____

REQUIRED Documents to submit with your Application:

- Proof of CPR / First Aid certification.
 - All trainers must acquire certification within one year preceding application date.
 - A certificate of completion must be submitted with application

- A resume documenting **a minimum of 3 years of professional experience within the hunter/jumper industry teaching, training and/or riding experience.**
Please note: upon completion of the certification program, your resume will be published on the USHJA Certified Trainers Directory located on the USHJA website.

- Written letters of recommendations from 3 professionals within the hunter/ jumper industry
 - The individuals that are providing a letter of recommendation **must** use the USHJA Letter of Recommendation Form available at http://www.ushja.org/content/TCP/TCP_HowToApply.aspx
 - At least one of the individuals providing a letter of recommendation must be an active member of USHJA in good standing.
** Members of the USHJA Trainer Certification Program Committee may not be used as a reference.*

- Attach a copy of current professional and/or general liability insurance certificate
 - The certificate of insurance must list your name on the certificate. If you are a farm owner, employed by a college or farm, you must be listed individually or provide a written letter from the insurance company providing proof that you are covered under your employers policy.

- Trainers Symposium: Date and location of attendance _____

I verify that I am a current member in good standing of USHJA, declared Professional status and 21 years of age or older.

Sign Name: _____

Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, **use or possession of an illegal or controlled substance** or act of dishonesty for which the record has not been sealed or expunged?

Yes No

If you answered **Yes** to the above question, please explain in detail, including date of conviction.

**Please note that answering Yes to the above question does not automatically result in the denial of this application. The application is considered by USHJA in its entirety.*

“I verify that the information contained in this application is true and correct and **I acknowledge and understand that** any misstatements or omissions of material facts may result in disapproval of this application. **I acknowledge and understand that** the acceptance of applicant for participation in the USHJA Trainer’s Certification Program remains at the sole discretion of USHJA.”

Signature

Date

Print Name





TRAINER CERTIFICATION PROGRAM APPLICATION

CATEGORY 1 APPLICATION PAYMENT FORM

PAYMENT

Application Fee: \$100

Visa MasterCard American Express Check # _____

Card Number: _____ Exp Date: _____

Name as it appears on Card: _____

Signature: _____ Billing Zip Code: _____

REFUNDS: The application fee is non-refundable.

Send completed application, required documents and application fee to:

USHJA

Attn: Melanie Fransen, Director of Programs & Education

3870 Cigar Lane

Lexington, KY 40511

Ph: 859.225.6717

Fax: 859.258.9033