



**TRAINER CERTIFICATION PROGRAM**  
**CERTIFICATION REINSTATEMENT REQUEST**

The request for reinstatement must be typed. Save this form to your computer before completing it. Submit the completed form and supplemental documents as an email attachment, fax, or hard copy to the USHJA.

Name: \_\_\_\_\_ USHJA #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**- Did your annual Safe Sport Training lapse?**  Yes  No

*You must complete Safe Sport Training before applying to reinstate your certification.*

**- Did your USHJA Active/Collegiate Coach membership lapse?**  Yes  No

*You must renew your USHJA Active/Collegiate Coach membership before applying to reinstate your certification.*

**-Did your professional/general liability insurance lapse?**  Yes  No

*If you answered yes, you must include proof of current professional/general liability insurance along with this form. You must renew your professional/general liability insurance before applying to reinstate your certification.*

**-Did you request to temporarily inactivate your certification because you were not actively teaching as a professional on a temporary basis?**  Yes  No

*If you answered yes, you must include a copy of a current resume showing that you have been an active professional teaching in the industry for at least three of the last seven years.*

**Was your five year renewal not completed during the required Renewal Year?**  Yes  No

*If you answered yes, you must complete all renewal requirements within the year following the Renewal Year in order to reinstate your certification.*

Please list the reason and any extenuating circumstances that you allowed one or both of the above items to lapse, which thereby caused a lapse in your USHJA Trainer Certification. Attach additional pages if necessary.



## USHJA TRAINER CERTIFICATION PROGRAM

### CERTIFIED TRAINER REINSTATEMENT FEE

**Certified Trainer Reinstatement Fee: \$50**

Applicant Name: \_\_\_\_\_ USHJA #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Visa     MasterCard     Discover     American Express     Check #: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

***Please be advised:** The typing of your name above shall be considered to be an electronic signature and shall be considered to have the same legal effect and validity as your handwritten signature. Therefore, in so typing your name in the fields above, you are confirming this verification statement and the truth of the contents of the application.*

**REFUNDS:** The reinstatement fee is non-refundable.

***We recommend submitting payment forms containing credit card payment via fax or mail.  
Please do not email credit card information as it is not a secure method for transmitting sensitive data.***

**Send the reinstatement request and fee to:**

USHJA

Attn: Accounting

3870 Cigar Lane, Lexington, KY 40511

Email: [ushjatcp@ushja.org](mailto:ushjatcp@ushja.org)

Fax: (859) 258-9033

Phone: (859)225-6700