

USHJA DIRECTORY OF CLINICS INFORMATION FORM

DATE OF CLINIC: _____ Riding Clinic Non-Riding Clinic

CLINIC ORGANIZER

Name: _____ USHJA #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Zone: _____ Email: _____

**Phone number, email, and website will be listed on the USHJA DOC.*

Website URL containing clinic information: _____

HOST FACILITY

Name: _____ Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

CLINICIAN

Name: _____ USHJA #: _____

City: _____ State: _____

Phone: _____ Email: _____

Visit the [USHJA Instructor Credential Directory](#) for clinicians who are USHJA Credentialed Instructors.

ADDITIONAL INFORMATION ABOUT YOUR CLINIC

Please include all information you would like to have published on the USHJA DOC website regarding your clinic (i.e. height sections that will be offered, fees assessed, auditor details, etc.).

INSURANCE

- I carry liability insurance.
- I acknowledge that the clinic will not be included in the USHJA Directory of Clinics unless USHJA receives this application and service fee (if applicable) a minimum of 30 days before the clinic.

ACKNOWLEDGMENTS

- I acknowledge that I may not advertise my clinic as part of the USHJA Directory of Clinics until I have submitted the documentation listed below to USHJA and received permission to do so from USHJA

USHJA recommends this form be submitted to the Education Department a minimum of 30 days before your clinic.

PAYMENT

Directory Listing Service Fee:

- \$50 – Riding clinic with a host or clinician who ***is not*** an Olympian or Credentialed Instructor. Visit the [USHJA Instructor Credential Directory](#) for eligible clinicians
- No Fee – Riding clinic with a host or clinician who ***is*** an Olympian or Credentialed Instructor
- No Fee – Non-riding educational clinic
- No Fee – Clinic hosted by a current USHJA Affiliate Association or Recognized Riding Academy

Total: _____

Clinic Organizer Signature: _____ Date: _____

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 document.

Email this form to education@ushja.org and mail, fax, or call the office to remit payment when applicable.

Do not email credit card information as it is not a secure method for transmitting sensitive data. The USHJA Directory of Clinics fee is non-refundable.

Mail: 3870 Cigar Lane, Lexington, KY 40511
Phone: 859.255.6700 ext 0
Fax: 859.258.9033
Email: education@ushja.org

Thank you for your support of USHJA programs!