



ASSISTANCE DOGS INTERNATIONAL TRAINER CERTIFICATION COMMITTEE APPLICATION FORM

Name: _____ Date: _____

Organization: _____

Organization address: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Please list assistance dog industry work experience:

Organization	Dates	Job title

Please describe why you wish to be a member of the ADI Trainer Certification Committee:

Please circle the types of dogs your program trains:

Service Hearing Guide Facility Animal Assisted Therapy

Social/Companion Other: _____

Types of Service Dogs: Mobility Seizure Psychiatric PTSD Autism

Diabetic

Other types of *service dogs*: _____

How many trainers, paid staff or volunteer, work with your program?

Full-time: _____ Volunteer: _____

Part-time: _____

How many paid staff members are in your program?

Full-time: _____ Volunteers: _____

Part-time: _____

Please describe other relevant experience:

Please provide two professional references ADI may contact:

If applicant is not the Executive Director, a written permission for applicant to apply for ADI Trainer Certification Committee must also be submitted by the applicant organization's Executive Director.

SIGNATURE OF APPLICANT: _____ DATE: _____