



Certification Clinic & Skills Workshop Application

All host sites must submit this application for each scheduled certification clinic or skills workshop. If hosting multiple groups, fill out one application for each group. All Certification Clinics and Skills Workshops must have written contracts with the Certification Director and other certifiers or the workshop instructor(s) listed below before submitting this request. Submit this Certification Clinic & Skills Workshop Application with your Proof of Insurance to the CHA Office four to six months in advance of the requested date.

HOST SITE INFORMATION

Hosting Facility: _____ Application Date: _____
Contact Person: _____ Email: _____
Contact Day Phone: _____ Cell: _____
Mailing Address: _____ City/St/Zip: _____
Site Address: _____ City/St/Zip: _____
Website Address: _____ Fax Number: _____

Can Registrants contact you for lodging & meal information, if provided, by email? [] Yes [] No
Has This Site Been Approved For Hosting CHA Certifications? [] No [] Yes When? _____
For Host Site Approval, Call CHA Office at 859-259-3399
Has This Site Hosted Previous CHA Certifications/Workshops? [] No [] Yes Last Clinic/Workshop Dates: _____
Is Host Site a CHA Accredited Site? [] Yes [] No When Do You Plan To Become Accredited? _____
What Has Prevented You from Applying for Site Accreditation? _____

CERTIFICATION CLINIC/SKILLS WORKSHOP INFORMATION

[] English/Western Instructor (EWI) [] English Only EWI [] Western Only EWI [] College/University [] Driving (DID)
[] Equine Facility Manager (EFM) [] Combined Instructor/Trail (CMB) [] Seasonal (SES) [] Skills Workshop (SKW)
[] Instructor of Riders with Disabilities (IRD) [] Trail Guide (TRL) [] Day Ride Trail Guide (DRT) [] Vaulting (VLT)

Inclusive Requested Certification Clinic/Workshop Dates? _____
Maximum # of Participants: _____ Note: First year Certification Clinic sites and IRD certification clinics are limited to eight participants. Others may have up to ten participants. Skills Workshops may have as many participants as the host site can accommodate.

If this is a partially closed certification, number of outside participants to be registered by the CHA Office: _____

Participant Arrival Date & Time: _____ Departure Date & Time: _____

Certification Clinic/Skills Workshop Cost: \$ _____ A minimum fee of \$650 USD for 5-day or 6-day clinics or a minimum of \$400 for 3-day clinics must be charged to each participant (excluding SES, DRT, & SKW.) There is no maximum fee.

What meals are provided, if any? _____

Cost Includes: Lodging? [] Yes [] No Rider Weight Limit? [] No [] Yes If Yes, what is the limit? _____

Auditor Cost for Full Certification/Workshop: \$ _____

CERTIFICATION CLINIC/SKILLS WORKSHOP STAFF

Certification Director (must be a CHA Certifier): _____

Certifier / Assistant Certifier: _____

Skills Workshop Instructor(s): _____

IN THE EVENT the CERTIFICATION CLINIC or SKILLS WORKSHOP is cancelled by the Host Site, the CHA Office must be informed immediately. The Host Site is responsible for notifying certifiers/workshop staff. The Host Site is accountable for any expenses incurred by the certifiers or by CHA. A cancellation less than 14 days before the scheduled clinic will incur a \$250 fee payable to CHA. Contact the CHA Office with any questions or problems.