Site Accreditation Application

Completed application must be received in the CHA Corporate Office at least 90 days prior to the anticipated visit.

CHA Program Name: _____ Date: _____

Is Program Membership Current? ☐ Yes ☐ No *If no, membership fee must be included with this application.*

Address: _____

City, State, ZIP: _____

Site To Be Accredited: _____

Address (if different): _____

Site Representative Name: _____

Site Representative Title: _____

Email Address: _____ Phone Number: _____

Standards to be evaluated: *Check all that apply!* Visit Date: _____

☐ Core: Site, Program, Management of Equines
☐ Driving
☐ Riders with Disabilities
☐ Trail - Day Rides
☐ Trail - Overnight
☐ Vaulting

☐ I confirm that all activities operated by this CHA Program Member are being evaluated.

Tentative Visit Date: _____

Tentative Lead Site Visitor: _____

Tentative Second Site Visitor: _____

Payment Information:

Fee: _____

Program Membership, if due:

$ _____

Total due: $_____

☐ Check payable to CHA ☐ Credit Card Type of Credit card: _____

Name on Card: _____ Expiration Date: _____

Card Number: _____ Security Code: _____

Billing Address (if different from above): _____

_____