



## EHCP Certification Application

Equine Healthcare Professional Certification

Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Number of Years: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Current Horse Experience: < 1 Year      1-3 Years      3-6 Years      > 6 Years

Do You Own A Horse? \_\_\_\_\_

Class Date: \_\_\_\_\_

Please go to <http://www.equineinstitute.com/class-schedule.htm> for class dates.

Credit Card Information:      Visa                      Mastercard

Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Name on Card: \_\_\_\_\_

This authorizes the charge of **\$200** as a deposit for class registration at The Equine Institute.  
The total tuition fee is **\$800**.

Signature: \_\_\_\_\_

Employer Identification #: \_\_\_\_\_

Please send completed applications by one of the following methods.

Mail to:      Equine Institute  
                 1215 Fletcher Broome Road  
                 Monroe, NC 28112

Email to:      [info@equineinstitute.com](mailto:info@equineinstitute.com)

Fax to:        704-845-5321