



STUDENT & SUPPORTING MEMBER APPLICATION – 2011

SECTION A

Contact Information:

Name: _____

Title: _____

Mailing Address: _____

Telephone: _____

Email: _____

NOTE: IF APPLYING AS A SUPPORTING MEMBER PLEASE SKIP TO SECTION B

Hoof Care Education:

List any certifications attained, clinics, workshops and seminars attended.

Diploma or Certificate(s)

Clinics, Workshops, Mentorships etc. Attended (Please list clinic length(s) and name of Clinician(s):

What is your background with horses and your philosophy on horse and hoof care principles?

Are you currently involved in providing hoof care to your own horses or other horses? If so please state how long you have been trimming/shoeing and how many horses are currently in your care?

What do you expect to gain or take away from this training program and what can you bring to this Association in exchange?

References:

List instructors, colleagues or clients who are familiar with you and your practice:

Name:	Telephone/Email:

SECTION B



Membership Details:

- 1) Certified Practitioners \$100.00 / year
- ◆ Must hold and maintain credentials of the Canadian Barefoot Horse Association’s School and must be approved and certified by the Association’s Board of Directors.
 - ◆ Must remain in good standing with the CBHA
 - ◆ Professional Members have full voting privileges.
- 2) Supporting Member \$ 40.00 / year
- ◆ Members who wish to support and take part in the mandate and political interests of the Canadian Barefoot Horse Association
 - ◆ Supporting Members will receive 2 annual e-newsletters, have full access to the SM area of the CBHA informative online barefoot forum
 - ◆ Free Annual Report and Invitation to Annual Symposium
- 3) Student Practitioner \$ 100.00 / year *First year fee included in application fee
- ◆ Students who are enrolled in the training program leading to certification as an equine hoof care practitioner
 - ◆ Student members have full voting privileges

Annual Fees:

- 1) Professional Practitioner Member: ____ \$ 100.00 / year
- 2) Supporting Member: ____ \$ 40.00 / year
- 3) Student Practitioner: ____ \$ 100.00 / year *included in first year application fee

**** Annual membership fees renew on January 01 of each year ****

Method of Payment:

Cheque	Cheque #	
PayPal		
Other		

Do you wish your contact information to be included in our membership directory for public distribution through our pamphlets, newsletters, website and online forum?

Please Circle: Yes/No



SECTION C

CODE OF ETHICS

- 1) Cause no harm. Refrain from practicing any un-natural and/or invasive techniques at all costs or risk the revocation of CBHA certification status
- 2) Confidentiality - Keep in confidence medical and non-medical information as well as photos derived from a client or from colleagues unless given permission by the client/practitioner.
- 3) Observe the highest standards of conduct in equine hoof care.
- 4) The equine practitioner is to conduct his/her therapeutic activities with honor and integrity, so as to merit the respect of colleagues and the public.
- 5) To speak respectfully of fellow practitioners and members.
- 6) Strive to improve the standards of his/ her profession and the health care of all horses.
- 7) Consider always the well-being of the horse.
- 8) Respect and always be considerate of the wishes of the horse owner/ client unless it goes against the mandate of the CBHA.
- 9) Practice the art and science of the practicing profession to the best of his/ her ability.
- 10) Participate in continuing personal and professional development to enhance the standards of his/ her practice.
- 11) Recognize and refer to or liaison with the special skills of others in dealing with the prevention and treatment of equine health conditions.

Code of Ethics and Disclaimer:

As a Student or Certified Practitioner, I have read the Canadian Barefoot Horse Association Code of Ethics, and I affirm that I will practice in a manner consistent with the highest professional integrity and will adhere to the Canadian Barefoot Horse Association Code of Ethics and Trimming Guidelines. I understand that the CBHA does NOT endorse any hoof care activities conducted outside its training program nor will the CBHA be held liable for any harm done by hoof care activities conducted outside its training program protocol. As a Student or Certified Practitioner, I also understand that the business of hoof care and its related activities is an inherent risk to my health and well being. CBHA will not be held liable for any harm or injuries to me while training or working on or off any CBHA training/working site.

As a registered student member of the CBHA, I understand that I must have attained the completion of all 5 levels of learning as well as the 3 mentorship modules in order to be able to use the CBHA name when dealing with clients or potential clients. Once this stage has been met, my name will be placed on the CBHA website with a "student status". Once I have completed the entire program my status will be changed to CP, or certified practitioner status.

I further declare that at the time of registration for acceptance into the certification program, I am 18 years of age or older.

Signature

Date:

Please mail or fax signed application and payment to:

Canadian Barefoot Horse Association
c/o Carolyn Myre
Mailing Address: 3371 River Road, Renfrew, ON K7V 3Z8
Telephone/Fax: 613-432-3620
Email: info@cdnbha.ca