

INTERNATIONAL ASSOCIATION OF HOLISTIC ANIMAL PRACTITIONERS

Application for Specialty Designation

Purpose: This application is for active Professional Members of the International Association of Holistic Animal Practitioners (IAHAP) who wish to earn formal recognition for advanced training and competency in specific holistic modalities.

Instructions: Applicants may apply for multiple specialty designations simultaneously using this form. **The fee is \$75.00 per specialty selected.** Please complete all sections thoroughly. Incomplete applications or those missing required supporting documentation will delay the review process.

I. APPLICANT INFORMATION

Full Legal Name: _____ **Business Name:** _____

Mailing Address: _____

Phone: _____ **Email:** _____ **Website/Social:** _____

Yes

IAHAP Membership Type: _____ **Member #:** _____ **In Good Standing?** No

Primary Species Focus: _____ **Years in Practice:** _____

II. SPECIALTY DESIGNATION SELECTION

Please select the specialty designation(s) for which you are applying. You must provide documentation for each selection in Sections IV and V.

Kinesiology Taping

Craniosacral Therapy

Ozone Therapy

Acupressure

Aromatherapy

Myofascial Release

Red Light Therapy

Cryotherapy

Nutrition

First Aid

Animal Communication

Equine Soundness/Movement

Other: _____

- Other: _____
- Other: _____

III. PRICING SUMMARY

Number of Specialties Selected:	_____
Fee per Specialty:	\$75.00
Total Amount Due:	\$
<i>Payment Notes: Upon receipt and preliminary review of your application, an invoice will be sent to the email address provided above. Processing will begin once payment is received in full.</i>	

IV. EDUCATION AND TRAINING DOCUMENTATION

List the formal training, courses, or programs completed that qualify you for the requested specialty designation(s). Please attach copies of all relevant certificates or transcripts.

Specialty	Course/Program Title	Provider/School	Hours	Date Completed	Cert. Attached?
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N

V. PRACTICAL EXPERIENCE AND CASE DOCUMENTATION

Detail your modality-specific hands-on experience. A separate case log must be attached to this application reflecting the sessions summarized below.

Specialty: _____ **Approx. Sessions Completed:** _____

Species Worked With: _____ **Supervisor/Mentor (if applicable):** _____

Brief Case Summary (Overview of common issues addressed and outcomes):

VI. SUPPORTING DOCUMENTS CHECKLIST

- Copies of relevant certificates, transcripts, or proof of training hours.
- Detailed case logs demonstrating hands-on practice for each requested specialty.
- Proof of active IAHAAP Professional Membership (or copy of pending membership application).
- Current Resume or Curriculum Vitae (CV) (Optional but recommended).
- Letters of reference or mentor verification (Optional but recommended).
- Any specialty-specific supporting evidence required by the IAHAAP Board.

VII. PROFESSIONAL STANDARDS AND ELIGIBILITY

IAHAAP Specialty Designations are advanced recognitions of skill and are granted at the discretion of the IAHAAP Board. Designation requires verifiable relevant training, documented hands-on experience, and adherence to ethical practice. In certain cases, the Board may require additional review, submission of video assessments, or a written exam prior to approval. Specialty Designations are add-on recognitions and do not replace the requirements of primary membership or board certification.

VIII. ATTESTATIONS

- I attest that all information provided in this application and accompanying documents is true, accurate, and complete to the best of my knowledge.
- I agree to adhere to the IAHAAP Code of Ethics and to practice solely within my legal scope of practice in my respective jurisdiction.
- I understand that an IAHAAP Specialty Designation is a professional recognition of continuing education and experience, not a legal license to practice veterinary medicine.
- I agree to provide additional documentation, case studies, or video demonstrations if requested by the review committee.
- I understand that each specialty selected requires a separate \$75 fee, and that approval for one specialty does not guarantee approval for others. Fees are non-refundable once the review process has commenced.

Applicant Signature

Date

Printed Name

IX. OPTIONAL SUPERVISOR/MENTOR VERIFICATION

If portions of your training were completed under a mentor or supervisor, they may sign below to verify your practical hours.

Supervisor Signature

Printed Name & Title

Contact Email/Phone: _____

Date: _____

OFFICE USE ONLY

Date Received: _____

Payment Received: Yes No

Amount: _____

Reviewed By: _____

Status: Approved Pending Denied

Notes: _____