

Specialty Designation Application

International Association of Holistic Animal Practitioners (IAHAP)

Use this fillable application to apply for one or more specialty designations. Applicants may select multiple specialties. Each specialty is subject to review based on training, experience, and supporting documentation.

Section 1. Applicant Information

Full Legal Name

IAHAP Membership Number

Email Address

Phone Number

Business / Practice Name

Website / Public Directory URL (if applicable)

Brief professional biography

Section 2. Specialty Selection

Select all specialty designations you are applying for. Add additional specialties if needed.

Craniosacral Therapy

Kinesiology Taping

Animal Aromatherapy

Rehabilitation Support

Energy Medicine

Equine Bodywork

Canine Bodywork

Feline Bodywork

First Aid / Emergency Support

Nutrition Support

Acupressure

Other Specialty

If applying for other specialty designation(s), please list them

Number of specialties selected

Total fee due (\$75 each)

Section 3. Training and Experience by Specialty

Please complete one block for each specialty requested. If needed, you may add continuation pages or supplemental documentation.

Specialty Block 1

Specialty name

Training hours completed

Years of experience in this specialty

School / instructor / training provider

Describe your hands-on experience, case exposure, and species served in this specialty

Supporting documents for this specialty (certificates, logs, case summaries, etc.)

Specialty Block 2

Specialty name

Training hours completed

Years of experience in this specialty

School / instructor / training provider

Describe your hands-on experience, case exposure, and species served in this specialty

Supporting documents for this specialty (certificates, logs, case summaries, etc.)

Specialty Block 3

Specialty name

Training hours completed

Years of experience in this specialty

School / instructor / training provider

Describe your hands-on experience, case exposure, and species served in this specialty

Supporting documents for this specialty (certificates, logs, case summaries, etc.)

Section 4. Practice Information

Primary species focus

Other modalities or services currently offered in your practice

Do you understand that only approved IAHAP-recognized specialties should appear in the IAHAP specialty listing?

Yes No

Section 5. Supporting Documents Checklist

- Proof of IAHAP membership
- Specialty training certificates
- Case logs and/or case summaries
- Professional bio and current practice information
- Any additional supporting documentation

Additional documents included (if any)

Section 6. Attestation

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that each specialty designation is reviewed individually and may be approved, denied, or approved with conditions based on IAHAP review standards.

Applicant Name

Title

Signature

Date

For Office Use Only

Date Received

Application Status

- | | |
|----------|--------------------------|
| Pending | Under Review |
| Approved | Approved with Conditions |
| Denied | |

Reviewed By

Notes