

IAHAP Board Advisory Member Application

International Association of Holistic Animal Practitioners (IAHAP)

Use this fillable application to apply for service on the IAHAP Advisory Board. This application is intended for experienced professionals, educators, and leaders who can help guide standards, ethics, education, and strategic development within IAHAP.

Section 1. Applicant Information

Full Legal Name

Email Address

Phone Number

Mailing Address

City / State / Province / Region

Country

Business / Organization Name

Professional Title / Primary Role

Website / Professional Profile / Social Link

Short professional biography

Section 2. Board Role Interest

Please indicate the role or type of board participation you are seeking.

Advisory Board Member

Education / Curriculum Advisor

Standards / Ethics Advisor

Industry / Legislative Advisor

Business / Strategy Advisor

Other

If Other, please specify

Why are you interested in serving on the IAHAP Advisory Board?

Section 3. Minimum Eligibility Confirmation

Please confirm the following. These confirmations help determine whether you meet the baseline requirements for board consideration.

- I have at least 10 years of professional experience in my field or a closely related field.
- I hold relevant education, certifications, licenses, or professional credentials appropriate to my field.
- I am willing to uphold IAHAP ethical standards and confidentiality requirements.
- I am willing to participate in board review, discussion, and decision-making as requested.
- I understand that board service is subject to formal review and approval.

Section 4. Education, Credentials, and Certifications

Highest degree(s) earned, if applicable

Professional licenses, certifications, credentials, and issuing organizations

Continuing education, specialized training, or notable qualifications relevant to board service

Section 5. Professional Experience

Total years of experience in your field

Years in leadership / teaching / advisory roles

Please summarize your professional experience and current work

Leadership, teaching, board, committee, or organizational service experience

Section 6. Areas of Expertise

Please select the areas in which you have meaningful experience or expertise.

Animal Massage / Bodywork

Veterinary / Integrative Medicine

Nutrition

Rescue / Sanctuary / Welfare

Ethics / Standards / Scope of Practice

Association / Nonprofit Governance

Research / Writing / Examination Development

Traditional Chinese Bodywork / Acupressure

Animal Rehabilitation / Physical Support

Animal First Aid / Emergency Support

Education / Curriculum Development

Business / Marketing / Growth

Legislative / Advocacy Work

Other

If Other, please specify

Section 7. Contribution to IAHAP

What strengths, perspective, or value would you bring to the IAHAP Advisory Board?

Please share any ideas, initiatives, or areas of development you would like to help shape within IAHAP

Section 8. Conflicts of Interest and Disclosures

Do you have any current or potential conflicts of interest that should be disclosed?

Yes

No

If yes, please explain

Are you currently affiliated with other organizations, schools, boards, or associations in this field?

Yes

No

If yes, please list relevant affiliations

Section 9. Availability and Commitment

Are you willing to attend board meetings or advisory discussions as needed?

Yes

No

Are you willing to review documents, policies, standards, or examination materials when requested?

Yes

No

Are you willing to maintain confidentiality regarding internal board matters?

Yes No

Please describe any limitations on your availability or participation

[Empty text box for describing limitations]

Section 10. References

Reference 1 (name, title, relationship, and contact information)

[Empty text box for Reference 1]

Reference 2 (name, title, relationship, and contact information)

[Empty text box for Reference 2]

Reference 3 (optional)

[Empty text box for Reference 3]

Section 11. Supporting Documents Checklist

- Professional resume or CV
- Biography for board review
- Copies of relevant degrees, licenses, or certifications
- Professional headshot
- Reference information
- Additional supporting documentation

Additional documents included (if any)

[Empty text box for additional documents]

Section 12. 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 submission of this application does not guarantee appointment to the IAHAAP Advisory Board. I understand that IAHAAP may request additional information, documentation, or an interview as part of the review process.

Applicant Name

[Empty text box for Applicant Name]

Title / Position

[Empty text box for Title / Position]

Signature

[Empty text box for Signature]

Date

[Empty text box for Date]

For Office Use Only

Date Received

[Empty text box for Date Received]

Application Status

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

Reviewed By

Notes