

Board Certified Animal Massage Practitioner Application

International Association of Holistic Animal Practitioners (IAHAP)

Use this fillable application to apply for board certification in animal massage. This application is intended for practitioners seeking formal review of training, experience, documentation, and professional readiness.

Section 1. Applicant Information

Full Legal Name

Credential / Designation to Appear on Certificate

IAHAP Membership Number

Email Address

Phone Number

Mailing Address

City / State / Province / Region

Country

Website / Business Name (if applicable)

Brief professional biography

Section 2. Eligibility Confirmation

I am an active IAHAP member in good standing.

I agree to comply with the IAHAP ethics agreement and professional standards.

I understand that board certification is a formal credential review process and is not guaranteed by application submission.

I practice within legal scope-of-practice requirements in my jurisdiction.

Section 3. Education and Training

Animal massage certification applicants should document education that demonstrates professional readiness, including anatomy, biomechanics, safety, handling, massage theory, techniques, contraindications, documentation, and applied practice.

Primary school / program name

Additional schools / training providers attended

Total education hours completed

Supervised practical hours completed

Breakdown of training completed (example: anatomy, biomechanics, techniques, safety, documentation, species-specific work)

Did your primary program include practical or supervised hands-on training?

Yes No

Section 4. Experience and Case Documentation

Total documented hands-on sessions completed

Number of animals worked with

Primary species worked with

Please summarize your practical experience, including types of animals served, settings, and services performed

Case logs / case studies summary

Are case logs and supporting documentation included with this application?

Yes No

Section 5. Professional Readiness

Do you currently hold professional or business liability insurance, if applicable?

Yes No

Do you currently work with clients in a professional setting?

Yes No

If yes, please list your business / practice name

Additional professional qualifications, certifications, or continuing education

Reference 1 (name and contact information)

Reference 2 (name and contact information)

Section 6. Supporting Documents Checklist

- Proof of IAHAP membership
- Proof of completed education / certificates
- Case logs and/or case studies
- Documentation of supervised practical hours
- Government-issued ID if requested for verification
- Professional liability insurance information if applicable
- Any additional supporting documentation

Additional documents included (if any)

Section 7. 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 IAHAP may request additional documentation, clarification, or revisions during the review process. I understand that approval is based on IAHAP standards and review outcomes.

Applicant Name

Title

Signature

Date

For Office Use Only

Date Received

Application Status

Pending

Approved

Denied

Under Review

Approved with Conditions

Reviewed By

Notes