



Certified Horsemanship Association

Continuing Education Form

Application Date: _____

Name: _____

Address: _____

_____ Total Continuing Education Hours

Event: _____ Location: _____ Date: _____ Hours: _____

Event: _____ Location: _____ Date: _____ Hours: _____

Event: _____ Location: _____ Date: _____ Hours: _____

Event: _____ Location: _____ Date: _____ Hours: _____

Event: _____ Location: _____ Date: _____ Hours: _____

Event: _____ Location: _____ Date: _____ Hours: _____

Event: _____ Location: _____ Date: _____ Hours: _____

Event: _____ Location: _____ Date: _____ Hours: _____

Signature _____

*25 Hours of continuing education is required. Please enclose documentation with this form.