



# Equine Dental Providers of America

www.EDPAonline.org

## Pre-Certification Evaluation Application

Date: \_\_\_\_\_

### 1. Applicant Information:

Name: \_\_\_\_\_ EDPA Member # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### 2. Education:

High School/GED: \_\_\_\_\_ Yr Completed: \_\_\_\_\_

College/University: \_\_\_\_\_ Yr Completed: \_\_\_\_\_

Graduate: \_\_\_\_\_ Yr Completed: \_\_\_\_\_

EDP Practice: \_\_\_\_\_ Yr Started: \_\_\_\_\_

Practice Location:    Local                  Regional                  National                  International

Average Number of Horses Seen per Year: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*EDPA Member Pre-Certification Evaluation Fee: \$50.00

\* Non – EDPA Member Pre-Certification Evaluation Fee: \$100.00

