



Equine Dental Providers of America

office@edpaonline.org

Pre-Certification Application

Date: _____

Applicant Information:

Name: _____ EDPA Member #: _____

Date of Birth: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Website: _____

Education

High School/GED: _____ Yr Completed: _____

College/University: _____ Yr Completed: _____

Trade School: _____ Yr Completed: _____

EDP Practice: _____ Yr Completed: _____

Practice Location: Local Regional National International

Average Number of Horses Seen per Year: _____

Applicant Signature: _____ Date: _____

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

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

Please submit completed application with all required materials to: office@edpaonline.org

Please remit payment to: www.EDPAonline.org – Contact Us/Payment page

Make checks payable to EDPA and mail to: EDPA 2305 S. Day Street,
Brenham, TX 77833