



Innovative Horizons
Equine Assisted Training Specialist Certification Program



Equine Assisted Training Specialist Certification Program Participant Profile

Thank you for your interest in Innovative Horizons' Equine Assisted Training Specialist Certification Program. Please complete the **Registration Form and the Participant Profile** below and send it via email to horizons@hot.rr.com. Please type or legibly print your responses. If you create your own document, please use Microsoft Word. A hard copy and a **minimum deposit of \$500**, which will hold your registration in the program, must follow by mail **NLT 1 month** prior to the beginning of the class start date. Please send it to Tim Manson, 1403 Bristol Drive, Killeen, Texas 76542. If you have any questions about how to complete this information, please do not hesitate to call us at 254-290-3446 or send us an email at horizons@hot.rr.com.

PARTICIPANT INFORMATION:

Today's Date _____

Class Dates _____

Name _____

Company Name _____ Position _____

Work Address _____

Home Address _____

Home Phone _____

Work Phone _____ E-mail _____

Best Way To Reach You? _____

How did you find out about Innovative Horizons' Equine Assisted Training Specialist Certification Program? _____

Why do you want to become an Equine Assisted Training Specialist?





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PROFESSIONAL EXPERIENCE:

1. Please list your current educational background and credentials such as teaching certification, Degree(s), EAGALA certification, EGEA certification, ASTD certification, licenses, etc.

2. Are you currently working as a corporate, experiential or adventure based training professional?

3. Please describe your current line of work (other than above). Are you currently working in a program that uses horses with people?

4. What are your target clients for your current or future EAL work?

5. What are your specific personal and/or professional goals as they relate to this program?

6. Have you attended any other equine experiential training programs? Please list training dates and outcome/purpose of the program(s).





EQUINE EXPERIENCE

1. Describe your equine experience, type of riding, years of experience, disciplines, internships, etc.

2. How many years have you been riding? _____

3. Do you consider yourself a professional horse trainer? _____

4. Do you consider yourself a horse professional in any other way?

5. What type of riding or equine activities are you currently involved in?

6. How many horses have you worked with? _____

7. What breeds have you worked with? Are there any breeds you would not consider to be good candidates for use in an EAL program?

8. What are your current riding/equine goals?

9. Do you have your own facility? _____

