



**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.