

Clinton Anderson Clinician Academy Application

	Middle			
-	ars of age? (Check one)		No □	
Mailing Address				
City	State		Zip	Number of Years at this address
Physical Address (If di	fferent)	And	erson	
City Email Address	State		Zip	Number of Years at this address
Home Phone		Cell Phone _		
Previous addresses d	uring the last 3 years	D E	MV	
US Citizen? Yes □	No □ If no, please expl	ain		
Have you ever been o	convicted of a felony crime	e? Yes □	No □	
Have you ever been o	convicted of a misdemean	or crime? Yes	. □ No	
	nship reserves the right to one of the right t			
	of your passport or alien r a copy of your social secu	_	R a photo ID (driv	vers license,



WORK HISTORY (Please provide most recent 5 years of employment history)				
From	To			
Employer		Address		
Employer's Tele	ephone	Your Title	•	
Job Duties				
From	To .			
Employer		Address		
Employer's Tel	ephone	Your Title		
Job Duties	<u>Clin</u>	ton An	derson	
From	То			
Employer		Address		
Employer's Tel	ephone	Your Title		
Job Duties				
From	То			
Employer	AC	Address	<u> </u>	
Employer's Telephone Your Title				
Job Duties LEARN TRAIN TEACH				
EDUCATION				
School Type	School Name	City, State	Degree	Dates Attended
High School				
College				
Vocational				
Graduate				
	LEARN	TRAIN	TEAC	Н



	LEARN	TR	AIN	TEACH	
I want to become a	a Clinton Anders	son Method Amb	assador beca	ause	
and Leg Restra	ints video.				S
				to Clinton's complete the Trail Kits as well a	
APPLICATION RE I am an active N	No Worries Club	Member.			
	TLEA	RN + TR	AIN	EACH	
Please include any	thing additional	horse-related in	your hobby	and work history	
					4
Level		Dates	Ande	Instructor/Affil	iation
Other Horsemansh	nip Clinics				
Level		Dates		Instru	
HORSEMANSHIP I have been a parti		nunder Horsema	nship Clinic	and/or Private Lesso	n.



Academy Processing Fee - \$250

(Non Refundable. Due at time of application. Includes Processing and Check Fees)

\$10,250 due at time of app processing fee).	lication (\$10,000 for the first half of the Academy application fee plus \$250 non-refundable
	Check Check No Check Amount
	☐ Visa ☐ Master Card ☐ American Express ☐ Discover
	Cardholder Name
	Card No
	Exp. Date: CVV Code:
	Billing Zip Code:
	Signature
By completing the credit card i	information above, I understand my card will be charged \$10,250, and authorize this payment.
	required to type my Theory test answers using a laptop computer provided by ship. I understand I must be proficient in typing in order to take my Theory tests.
	e information provided in this application is true and correct. I understand that nt may be terminated immediately upon discovering that any information is false.
	ission of my payment and the completion of the training program at the ranch y certification.
Signature	Date