

HEAL Application Certification Equine Lymphedema Therapist

Name:

Address:

City, State, Zip:

Phone Number:

Email Address:

Current Occupation:

HEAL Values

We believe in challenging the current perception that equine lymphedema isn’t manageable, to manageable!

We honor the real heroes, the horse owners, who inspire us by going the distance and take an unmanageable chronic condition and turned it into manageable!

Challenges and Hurdles

Scope of Practice

There are many challenges and hurdles to overcome as HEAL raises awareness, educates and empowers the horse community about equine lymphedema. One of those challenges is for you to fully understand the laws in your state regarding animal therapy, your current professional occupation and its scope of practice BEFORE you enroll in the professional course! It is your responsibility to ensure that you are in compliance with all state and federal laws! Please consult with an attorney regarding your current scope of practice and animal therapy. Go to [www.iaamb.org](http://www.iaamb.org) to review your state’s requirements to perform as a Certified Equine Lymphedema Therapist. By signing this form, you acknowledge you have read and understand the scope of practice in your state to perform these services.

Print Name Signature

Requirements to be accepted to the HEAL Certification Program

1. Complete questions 1 - 4, in 3 - 5 sentence
2. Submit a current resume
3. Sign Scope of Practice Release

In addition to facing those challenges and hurdles, HEAL wants to ensure there is a good match between HEAL’s values and your professional values to ensure success. Please answer the following questions using 3 - 5 sentences.

1. After reviewing The Guide to Understanding Equine Lymphedema for Professionals, what surprised you the most about understanding equine lymphedema?
2. After reviewing the video about Kelly and Toby, what impressed you the most and what did you learn from it?
3. Knowing the market concerns and challenges, why do you want to become a Certified Equine Lymphedema Therapist?

Please attach resume with this application.

Your application will be reviewed and you will receive a letter regarding your status into the HEAL Certification Program within seven (7) days.

Print Name Signature

Please submit to [pat@healequine.com](mailto:pat@healequine.com)

Phone: 973-838-4510