



TRAINER CERTIFICATION PROGRAM

Presented by



CERTIFICATION REINSTATEMENT REQUEST

The Request for Reinstatement must be typed. Save this form to your computer before completing it.
Re-save it to your computer to email as an attachment, or fax or send a hard copy to USHJA.

Name: _____ USHJA #: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

How long have you been a USHJA Certified Trainer? _____

Did your USHJA Active/Collegiate Coach membership lapse? Yes No

You must renew your USHJA Active/Collegiate Coach membership before applying to reinstate your certification.

Did your professional/general liability insurance lapse? Yes No

If you answered yes, you must include proof of current professional/general liability insurance along with this form. You must renew your professional/general liability insurance before applying to reinstate your certification.

Was your five year renewal not completed during the required year Renewal Year? Yes No

If you answered yes, you must complete all renewal requirements within the year following the Renewal Year in order to reinstate your certification.

Please list the reason and any extenuating circumstances that you allowed one or both of the above items to lapse, which thereby caused a lapse in your USHJA Trainer Certification. Attach additional pages if necessary.



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CERTIFIED TRAINER REINSTATEMENT FEE

Certified Trainer Reinstatement Fee: \$50

Applicant Name: _____ USHJA # _____

Visa MasterCard Discover American Express Check # _____

Card Number: _____ Exp Date: _____

Name as it appears on card: _____

Signature: _____ Billing Zip Code: _____

Please be advised: The typing of your name above shall be considered to be an electronic signature and shall be considered to have the same legal effect and validity as your handwritten signature. Therefore, in so typing your name in the fields above, you are confirming this verification statement and the truth of the contents of the application.

REFUNDS: The reinstatement fee is non-refundable.

We recommend submitting payment forms containing credit card payment via fax or mail. Please do not email credit card information as it is not a secure method for transmitting sensitive data.

Send the reinstatement request and fee to:

USHJA, Attn: Accounting
3870 Cigar Lane, Lexington, KY 40511
Fax: (859) 258-9033
Phone: (859)225-6703