



UNITED STATES *Dressage* FEDERATION

**USDF Instructor Certification Program**  
**Continuing Education, Annual Fee Payment, Code of Conduct Form**

January 1, 2012 – December 31, 2012

Name: \_\_\_\_\_  Address correction request

USDF member #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_

I do not have a current email address or I do not wish to be contacted by email.

**Please check one:**

- Associate Instructor   
  Certified Instructor; Training-Second Level   
  Certified Instructor; Third-Fourth Level  
 Recognized Teacher; Training-Second Level

**Payment Options: Amount Due \$40.00**

Check or money order. Check payable to USDF. Check number: \_\_\_\_\_

I authorize USDF to bill my  Visa  MasterCard

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Address of Card Holder \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

**CONTINUING EDUCATION INFORMATION (16 hours required)**

Program Name	Date	Number of Hours	Speaker

If you attended a non-USDF Program, please attach a short summary about each program you attended describing the program and its relevance (include additional papers when needed)

## Code of Conduct for Certified Instructor/Trainers, Recognized Teachers and Associate Instructors

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**Name**

**Associate Instructor**

**Recognized Teacher**

**Certified Instructor/Trainer**

As a USDF Certified Instructor/Trainer, Recognized Teacher, or Associate Instructor, and member in good standing of the United States Dressage Federation (USDF), I acknowledge my obligation to uphold the highest standards of horsemanship both at home and when in the public eye.

As a horseman, I place my rider's safety and horse's welfare above all else.

At competitions, whether participating as a trainer, coach or as a competitor, I will know and comply with all rules of the USDF/USEF, and when applicable, the FEI, and will ensure that my students know and comply by these rules as well.

As a USDF Certified Instructor/Trainer, Recognized Teacher, or Associate Instructor, I acknowledge the importance of continuing my own education in order that I may pass this knowledge to my students.

I understand that as a USDF member and USDF Certified Instructor/Trainer, Recognized Teacher, or Associate Instructor, I serve as a representative of my sport, the USDF, and the USDF Instructor Certification Program. As a USDF Certified Instructor/Trainer, Recognized Teacher, or Associate Instructor, I will serve as a positive example through my conduct, dress, and behavior by maintaining a professional demeanor.

I further understand that any USDF member suspended by USEF will be considered a USDF member not in good standing during the period of suspension. During this period, such person will be ineligible to participate in USDF programs, including having his/her name removed from the list of Associate/Certified Instructors, Instructor Workshop Faculty and Instructor Certification Examiners.

I acknowledge my membership in this professional community and my responsibility to demonstrate respect for my fellow professionals at all times.

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**Signature**

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**Date**

***Fees, Continuing Education information and the Code of Conduct must be received no later than November 30, 2011 for Associate Instructors, Recognized Teachers and Certified Instructors to continue to receive their benefits package. Please return to USDF Instructor Certification Liaison. If you have any question please call the USDF Office or email [instructorcertification@usf.org](mailto:instructorcertification@usf.org)***