



## Enrollment Form

Thank you for enrolling in the Diploma Program for Applied Equine Podiatry. Please read all the enclosed information, fill out this enrollment agreement and the health information form, and send them back to our office ASAP. The Level 1 Diploma requires a *minimum* of 200 hours of hands-on practical work. These hours are acquired through attending 5-day courses scheduled on the website.

In addition, a Certificate of Completion of the Level 1 Online Course (Approx. 300 hours) is required prior to taking the final practical exam. To enroll in the Online Course, please visit our website [www.equinepodiatry.com](http://www.equinepodiatry.com) and follow the link to the education page. *Enrollment in the Online Course is required within 45 days of your first workshop in order for those course hours to apply towards your Level 1 Diploma.*

If you have any questions or concerns, please do not hesitate to call Robyn La Pierre at 001-410-937-4458 or email her at [baremysole@yahoo.com](mailto:baremysole@yahoo.com).

Please read the following, sign, and return with the health form to:

Robyn La Pierre  
General Manager, IAEP, Inc.  
2380 70<sup>th</sup> Ave. NE  
Naples, Florida 34120

### **Enrollment and Liability Clause:**

I request enrollment in the AEP Diploma Program Level 1 and further acknowledge my commitment to fulfilling all requirements needed to achieve my diploma as outlined by KC La Pierre, RJF, MIAEP To meet said requirements, I agree to complete 200 hours of practical studies, the Level 1 Online Course, and the required internship within twelve months of time.

It is understood that due to the nature of the horse, working with their hooves and handling in general, accidents can occur. Upon signing this agreement / enrollment contract you agree to release Keith "KC" La Pierre, the Institute of Applied Equine Podiatry, Inc., its staff and family, all workshop host, as well as workshop facility, facility owners, their staff and family from all responsibility regarding injury of yourself or to your horse, further from loss or theft, or damage to any items you may bring to class.

Name: (please print) \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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



**Applied Equine Podiatry  
Diploma Level 1  
Health Information**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have access to a computer for homework purposes? \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Information:

**Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Right or Left Handed:** \_\_\_\_\_

Do you have any health issues that we may need to address in helping you to achieve this certification, (hearing impairment, visual impairment, dyslexia, physical handicap) If so, please explain:

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Do you have any specific horsemanship training? If so, explain:

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Have you ever done your own hoof trimming before? If yes, please explain with whom?

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