

# Instructor Update Extension/Accommodation Application Form



NAME: \_\_\_\_\_ Application Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COUNTRY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: (DAYTIME) \_\_\_\_\_ EVENING \_\_\_\_\_

LEVEL: \_\_\_\_\_ 1<sup>ST</sup> YEAR AS INSTRUCTOR: \_\_\_\_\_ DATE OF LAST UPDATE \_\_\_\_\_

PLEASE LIST LAST THREE UPDATE CLINICS ATTENDED (DATE, LOCATION, CLINICIAN)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR REQUESTED ACCOMMODATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF ACCOMMODATION REQUESTED:

Extension to Update

Please list any previous extensions granted: \_\_\_\_\_

Accommodation at Update Clinic (please describe accommodation needed): \_\_\_\_\_  
\_\_\_\_\_

DATES OF UPDATE CLINIC YOU PLAN TO TAKE: \_\_\_\_\_

Are you presently enrolled in this clinic?  Yes  No

*For Official Use:*

Extension granted until \_\_\_\_\_

Extension to be granted when office is notified of scheduled update clinic

Riding accommodations accepted for next Update Clinic

Requested accommodation denied for following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CR President: \_\_\_\_\_ Date: \_\_\_\_\_

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