



## Master SD Trainer Academy Application Packet

Dear Prospective Student and/or Parent/Guardian:

Thank you for your interest in The Foundation for Service Dog Support, Inc. (FSDS) Service Dog Trainer Academy. This innovative new program is currently the only state approved Master SD Trainer Apprenticeship Program in the nation. We recognize that SD training is a business, and in order to be successful all trainers must be schooled not only in dog training, but in program set up and administration as well. This program has been carefully designed to assure that graduates have the skill set required to be confident and competent trainers and business owners. Our course is divided into four levels, and certificates are awarded for each level.

Enclosed you will find the packet of application materials and instructions for completing your application. This packet contains the following:

- ☐ Outline of Program/Notice of Costs
- ☐ Application
- ☐ Personal Reference Form
- ☐ Notice of Privacy Practices
- ☐ Zero Tolerance Policy

Please read all materials carefully prior to signing and submitting applications. ***All applications must be scanned and sent as a single pdf file attachment to the email address below.*** Incomplete applications will not be processed. The FSDS will review all completed applications, and those candidates who are eligible will be contacted to set up an interview. If you have any questions, you are encouraged to contact me directly. We look forward to the opportunity to work with you.

Best wishes,  
Karen Sendelback  
Executive Director FSDS  
karen@servicedogsupport.org



## **OUTLINE OF MASTER SD TRAINER ACADEMY/NOTICE OF COSTS**

### **ONLINE EDUCATION: \$3000**

#### Novice SD Trainer \$750

- SD 101: Orientation
- SD 102: Program Basics
- SD 103: Teaching Basic Obedience

#### Jr. SD Trainer \$750

- SD 201: Understanding Disabilities
- SD 202: Canine Behavior
- SD 203: Record Keeping

#### Sr. SDTr ainer \$750

- SD 301: Classroom Management
- SD 302: Teaching SD Skills
- SD 303: Building Your Business

#### Master SD Trainer \$750

- SD 401: Basic Program Administration
- SD 402: Advanced Program Administration
- SD 403: Establishing an Apprenticeship Program

Courses must be completed in sequence, and each course serves as a prerequisite for the next. The training program is very specific, and equivalencies are not granted for prior experiences.

### **MASTER TRAINER ACADEMY PRACTICUM (Hands-on-training): \$7,500**

This robust program requires 2,000 hours of on-the-job training PLUS an additional 288 hours of related technical instruction (RTI). The average completion time for this portion of the training is 24 month and includes a final 6 months of actual teaching experience with a class.

Each student is required to complete 75 hours of experience at each level of the Academy. These hours are credited toward the required 2,000 hour total.



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## Master SD Training Academy Application

*Please use the back of the paper if needed to fully answer any questions.*

### Part I: General Information (to be completed by all applicants)

Name of Applicant \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Do you currently have a job? ☐ Yes ☐ No

If yes, where are you working? \_\_\_\_\_

Please list any experience you may have in working with or owning dogs?.

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What is your current status with regards to education background?

### Part II: Preliminary Screening

1. Do you currently have a job? ☐ Yes ☐ No

2. If yes, where are you working?

\_\_\_\_\_ Hrs/week \_\_\_\_\_

3. Please list any experience you may have in working with or owning dogs?.

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4. What is your current status with regards to education background?
- ☐ Currently attending high school in grade \_\_\_\_\_
  - ☐ HS graduate only
  - ☐ Currently attending college in year \_\_\_\_\_ / Major \_\_\_\_\_
  - ☐ College graduate with the following degree(s) \_\_\_\_\_
  - ☐ Vocational School with License / Certificate in \_\_\_\_\_
5. What are your career goals? \_\_\_\_\_
6. Have you ever, past or present, experimented or used any illegal drugs or alcohol? ☐ Yes ☐ No
- a. If yes, please use back of paper to explain.
7. Have you ever been convicted of a felony? ☐ Yes ☐ No
8. Do you currently have any felony charges pending against you? ☐ Yes ☐ No
9. Have you ever been fired from a job? ☐ Yes ☐ No
- a. If yes, please use back of paper to explain.
10. Do you have transportation to and from an internship at a facility in order to complete your training hours? ☐ Yes ☐ No

### **Part III: Preceptor Information**

You will be required to complete 75 hours of hands-on training at each level. Please navigate to the Locate an Evaluator map on our website for an Evaluator near you. You will need to contact the Evaluator to request permission to complete your internship requirement at their site.

If there is not an Evaluator near you, but you are able to locate a local trainer willing to provide you with an internship opportunity, the Evaluator must contact us first and we will assist them in becoming enrolled in our network first. Because of the specialized nature of SD training it is important that we permit only those individuals in our network.

Name of Preceptor

\_\_\_\_\_

Name of Training Business

\_\_\_\_\_

Email contact for Preceptor

\_\_\_\_\_

Phone

\_\_\_\_\_

Alt. Phone

\_\_\_\_\_

Mailing address

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City / Town

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State \_\_\_\_\_ ZIP Code \_\_\_\_\_

You may not begin internship hours until the preceptor has received clearance from the FSDS.

#### **Part IV: Verification of information**

I, \_\_\_\_\_ hereby verify that the information I have provided above is accurate, up to date and true to the best of my knowledge. I understand that any falsification of information may be grounds for rejection of my application, or if accepted, expulsion from the Academy.

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Signature of applicant

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Date

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Signature of parent/guardian (if applicant is a minor)

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Date

**Important:** The application will not be processed until all parts have been submitted. Please scan in the completed application packet and send it as a file attachment to: [karen@servicedogsupport.org](mailto:karen@servicedogsupport.org) Incomplete applications will not be processed.

Applicants who will be invited for an interview will be notified.



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## Personal Reference Form

Applicants please fill out the top portion of the form. The rest of the form must be filled out by someone who is familiar with but NOT related to you.

Name of Applicant \_\_\_\_\_

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Thank you for taking the time to complete this letter for the above named applicant. We appreciate your contribution to the screening and selection process. Please be candid.

1. How did you become acquainted with this person?

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2. Would you describe this person as a "team player"? Yes / No

3. What do you believe to be this person's greatest strengths?

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4. What do you believe to be this person's greatest weakness?

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5. Do you have any additional comments? \_\_\_\_\_

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\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



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## Notice of Privacy Practices

FSDS program participants and volunteer staff are entitled to privacy of their personnel files. The only exceptions to this policy are cases where the participant is a minor, where prior express consent has been granted in writing, for the sharing of protected information or in cases where the FSDS may be required to share protected information as part of ongoing legal proceedings or investigations. The terms and conditions of our privacy policy are presented here for your information. Protected information includes but is not limited to any information in your personnel file including health information as well as attendance records, demographic data and all progress notes. **Please retain a copy of this document for your files.**

## Privacy of Health Information

The FSDS is required to maintain medical history forms as well as signed consent / non-consent forms for medical treatment for each program participant. In those cases where consent has been granted for medical treatment, the FSDS is authorized to share medical information about you with emergency health care providers, on a need to know basis. For the purposes of this discussion, the following terms are defined as:

**Treatment:** this means the provision, coordination and/or management of health care and related services by one or more health care providers. An example of this would be the disclosure of your Protected Health Information (PHI) to providers outside of the FSDS who are connected to your health care treatment.

**Payment:** this refers to reimbursement for any services that are related to your treatment, and also including but not limited to confirmation of coverage, billing services or collection services and utilization review.

**Health Care Operations:** this includes the business aspects of a medical practice, such as quality assessment/control, auditing functions, cost-management analysis and customer services. It is also understood that the FSDS may be required to disclose protected health information about you to nurses, therapists, students and other health care personnel who are involved in your care and treatment.

The FSDS will, from time to time, be requested to participate in ongoing research studies in the service dog industry. For the purposes of this research, the FSDS may release de-identified, aggregate data regarding our program participants.

## Legal authority to make healthcare decisions for minors or others

Usually, the health information rights for a minor are extended to the minor's parents or legal guardians. There are, however, exceptions to this rule. For example, some health care decisions may be provided for a minor without the consent of a parent or guardian under implied consent, in cases where a delay in treatment could have devastating consequences.

The FSDS may, without prior consent, disclose protected health information to carry out treatment, payment or health care options to a minor under the following circumstances:

- In an emergency treatment situation, if we attempt to obtain such consent as soon as is reasonably possible after delivery of such treatment;
- If we are unsuccessful in reaching the parent/guardian to obtain consent, or in cases where we are presented with a significant communication barrier and determine, in our professional judgment, that your consent to treatment is clearly implied by circumstances.

## Permitted use or disclosure of any information

- *To avert a serious threat to the health or safety of yourself or others-* in the event that any FSDS staff becomes aware of a credible threat that you (or your dependent) intend to cause harm to self or others, we will take the necessary steps to notify the authorities to prevent such threat from becoming a reality.
- Student interns- the FSDS reserves the right to share information, as needed, with students who are interning with the FSDS and may be required to supervise any activities in which you may participate. In the event that you object to information sharing with an FSDS intern, you have the right to object in writing to prevent the sharing of such information.
- Photo releases are obtained for all students, and all photos and/or videography that are obtained during your participation in any of our programs are the exclusive property of the FSDS. The FSDS reserves all rights to these photos/videography. In the case of students who change their mind and no longer wish to be photographed, you may submit written notice of such decision and no further images will be obtained. All images taken prior to the date of this notice, however, continue to be the property of the FSDS and may be used for publicity or training purposes in accordance with prior written permission (per the terms of Photo Release form).
- Military- the FSDS may disclose your protected health information as required by military command authorities if you are in the armed services.
- Workers Compensation- the FSDS may disclose your protected health information if required by workers compensation or similar programs to the extent necessary in order to comply with laws relating to workers compensation or other similar programs that provide benefits for work-related injuries or illness, as established by law.
- Public health entities- as required by law, the FSDS may disclose protected information about you to the Arizona Department of Public Health in order to:
  - o Prevent or control disease, injury or disability;
  - o Report suspected child abuse or neglect;



- o Notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
  - o Notify the appropriate government authority if we believe that a client may have been the victim of abuse, neglect or domestic violence. We will only make this disclosure subject to certain requirements when mandated and authorized by law;
  - o Notify the appropriate authorities in cases where a program participant informs the FSDS that they are intending to harm, neglect or abuse self or others, In order to protect the other person and our client.
- Lawsuits and legal disputes- the FSDS may disclose protected information about you in cases of legal disputes to the extent that we are required to cooperate in any ongoing investigations.

The FSDS is required to inform you of our privacy policies as well as our legal duties as they pertain to your protected information. This notice is prepared and effective as of January, 1<sup>st</sup>, 2011 and we are required to abide by the terms and conditions of this notice. We are also required to provide you with written notice of any revisions that may occur during the time that you are involved as a program participant with the FSDS. If you believe that your privacy has been violated, you may contact one or both of the following departments:

The Foundation for Service Dog Support, Inc. (FSDS)  
 5060 W. Olive Ave.  
 Glendale, AZ 85302  
 623-200-9762

OR

Office of Civil Rights; U.S. Department of Health and Human Services  
 1301 Young Street, Suite 1169                      200 Independence Ave SW  
 Dallas, TX 75202                                      Washington, DC 20201  
 Phone (214)767-4056                      FAX (214)767-0432                      TDD (214)767-8940  
 Toll free 1-877-696-6775

When contacting us, please provide us with as much detail as possible so that your complaint may be fully investigated without delay. You will not be penalized for the filing of any complaint.

**A signed copy of this page MUST be returned to the FSDS with the completed application packet. Please return this page only, and save the notice of privacy practices for your records.**

**RECEIPT OF PRIVACY PRACTICE NOTICE**

I, \_\_\_\_\_, acknowledge that the FSDS has provided me with a written copy of their privacy practices on this date of \_\_\_\_\_. I understand that information regarding program participants is privileged and will not be shared with anyone outside of the FSDS without my written expressed permission with the exceptions that have been noted in this document. I acknowledge and fully understand the information that has been presented to me in this document.

\_\_\_\_\_  
Signature of Applicant (or parent/guardian, if applicant is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of above



## **ZERO Tolerance Policy**

The FSDS maintains ZERO TOLERANCE for all of the following:

- Illicit substance abuse
- Discrimination based on race, color, religion, gender, pregnancy, sexual orientation, or gender identity, national origin, disability, age, or genetic information.
- Bullying behavior, including name calling, harassing, intimidating, ostracizing, threatening physically or verbally
- Bringing any weapons to class or field trips
- Theft or any type
- Mistreatment of dogs

Violation of our zero tolerance policy is grounds for immediate dismissal from the program. In any case where there is *credible* evidence to suspect that a student has violated this policy a student may be suspended pending further investigation. Final decisions are rendered only after an investigation of any alleged incidents, and all decisions will be final.