



CERTIFIED PET LOSS PROFESSIONAL APPLICATION

As a member of the PLPA, you are invited to take the courses required to become a Certified Pet Loss Professional.

Please detail your professional and educational activities. Be as detailed as you can with this information.

Please mail this form and supporting documentation to:

ICCFA Corporate Office
Linda Budzinski
107 Carpenter Dr., Ste. 100
Sterling, VA 20164

Certification: I affirm that all the information provided is accurate and can be verified upon request.

Signature: _____ Date: _____

Printed Name: _____

Name **email**

Address **City** **State** **Zip** **Telephone Number**

Website

Is this a **First Time Application** **Renewal**

SECTION A: EDUCATION, PET CARE AND FUNERAL SERVICE BACKGROUND

Please list your funeral service and pet-care related employment history:

Date	Position	Funeral Home or Pet Care facility	City and State

Year Licensed as Funeral Director **State(s)**

Please list classes or programs you have taught or presented. Specifically list those that you have done to pet specific groups with other classes following.

Organization	Dates year	Length of program

Please list the national and state funeral service organizations you belong to. (NFDA, ICCFA, CANA, etc.)

Organization	Dates (YY - YY)	Total Number of Years

Please list any pet-specific organizations you belong to. (IAOPCC, APLB, APDT, etc.)

Organization	Dates (YY - YY)	Total Number of Years

What committee appointments have you served with funeral service and/or pet/animal organizations?

Organization	Committee	Member? X	Chair? X	Dates (MM/YY – MM/YY)	Total Number of Years

