PLEASE TYPE OR PRINT NEATLY. ALL FIELDS MUST BE COMPLETED.
CONTACT INFORMATION MAY BE POSTED TO THE ADI WEBSITE.

Organization: Year Founded:

Executive Director (or equivalent):

Executive Director's Phone: Ext.

Executive Director's Email:

Contact Person:

Physical Address:

Mailing Address: ☐ Same as Physical

Organization Phone: Fax:

TDD (if applicable): Toll Free (if applicable):

Email:

Website:

Facebook:

Other Social Media:

NOMINATION APPLICATION QUESTIONS

Please answer all questions fully. Attach separate paper if needed referencing the question number.

GENERAL

1. Please describe the reasons why the organization seeks to become a Candidate.

2. Does your organization have a Business Plan approved by your Board of Directors/Trustees?

3. Does your organization have any formal affiliation with, or staff overlap with, a for-profit business? If yes, please describe.

4. Please list all geographical areas served by the organization:

5. Location of Organization's Headquarters and all Satellite Office(s)/Training Center(s)

6. Please check the types of dogs your organization trains:

☐ Service ☐ Hearing ☐ Guide ☐ Facility ☐ Social/Companion

Other:

GENERAL (CONTINUED)

Question 6 continued · Types of Service Dogs:

☐ Mobility ☐ Seizure ☐ Psychiatric ☐ PTSD
☐ Autism ☐ Diabetic ☐ Medical Alert
Other:

Does your organization place dogs with any of the following populations? (check all that apply)

☐ Children ☐ Military/Veterans ☐ First Responders

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7. New Placements - How many dogs did your organization place during the previous calendar year (Jan 1 - Dec 31)?

Mobility: Hearing: Guide:
Facility: Seizure: Psychiatric:
PTSD: Autism: Diabetic:
Companion/Skilled Home: Other:

8. All Active Teams · How many assistance dog teams did your organization support in total during the previous calendar year? This includes all active teams, not just new placements. (Must have a minimum of 5 active teams - guide, hearing, or service dogs)

Mobility: Hearing: Guide:
Facility: Seizure: Psychiatric:
PTSD: Autism: Diabetic:
Companion/Skilled Home: Other:

9. If you place Psychiatric Service Dogs, please name the licensed mental health professional(s) you consult with and describe their role in your organization. If you do not currently consult with a licensed mental health professional, please indicate this.(Note: Autism dogs are not classified as psychiatric service dogs.)

GENERAL (CONTINUED)

10. How many paid staff members are in your organization?

Full-time: Part-time:

11. How many volunteers are active in your organization (approximately)?

12. Does your organization utilize a Prison Training Program? How many locations?

13. What is your annual budget?

DOG TRAINING

14. Does your organization provide owner-trained assistance dog placements?

☐ Yes ☐ No

If "Yes", describe your process for training owner-trained teams. Does your organization work with each owner-trainer team for a minimum of six months before certification?

15. How many months, on average, does your organization spend training dogs from puppy to placement (outline per type if different)?

16. What percentage of client training time is conducted in person (versus remote/virtual)? Please confirm that in-person training represents the majority of training time.

DOG TRAINING (CONTINUED)

17. Describe the skill level of fully trained assistance dogs from your organization. What is the minimum number of assistive tasks each fully trained dog performs? Please list the typical tasks trained per placement type.

18. How many dog trainers (staff and/or volunteers) do you have working with the dogs? What are their qualifications and experience, and do they take part in professional development activities?

CLIENT TRAINING

19. Are your organization's clients responsible for any fees and/or fundraising for your organization?

☐ Yes ☐ No

If YES, please explain the requirements and process:

20. Describe your training process when placing a new assistance dog with a client. What required skills must the team demonstrate? How much time does the organization spend training the client? Where is the training conducted?

CLIENT TRAINING (CONTINUED)

21. What are your organization's graduate team follow-up procedures and timelines for your assistance dog teams? Please attach any follow-up evaluation or information forms required by the organization.

22. What training equipment does your organization permit trainers, volunteers, and clients to use? Does your organization explicitly prohibit shock collars, prong collars, and fully-chain collars?

23. Does your organization spay or neuter all dogs prior to placement?

OTHER

24. What other information would the organization like ADI to consider in reviewing your Candidate Application?

25. Does the organization adhere to ALL ADI Summary of Standards and requirements for Candidates?

☐ Yes ☐ No

If NO, please explain:

ATTESTATION

By signing below, the signers attest on their own behalf and on behalf of the organization:

- All information provided in this Candidate Nomination Application Packet and ALL required documentation and materials are true and correct.
- I have read and understood the ADI Summary of Standards, and I understand that if our organization is approved for Candidacy, we will be required to achieve full compliance with the ADI Summary of Standards within 12 months of approval.
- I understand that failure to achieve or maintain compliance with the ADI Summary of Standards, or failure to adhere to any other requirements of Candidacy · including payment of annual dues and timely submission of annual renewal documents and census data · may result in revocation of Candidacy at ADI's sole discretion.
- I understand that if the organization's Candidate status is revoked for any reason, all support from ADI will immediately cease.
- I understand that if the organization's Candidate status is revoked for any reason, all mention of ADI affiliation in the organization's materials, website, and any other public documentation must be immediately removed.
- I understand that if the organization's Candidacy is revoked, the organization will be eligible for nomination again no sooner than two years after revocation of Candidacy.
- I understand that all fees of any type paid to ADI are non-refundable.

Signature · Executive Director: _____ Date: _____

Signature · Board President: _____ Date: _____

Board President Name (please print): _____

Board President Phone Number: _____

Board President Email Address: _____

PLEASE COMPLETE THE FOLLOWING CHECKLIST AND ENCLOSE IT WITH YOUR NOMINATION APPLICATION PACKET:

In order for your Candidate Nomination Application Packet to be complete, it must contain:

- ☐ Candidate Application · fully completed and signed by Executive Director and President of the Board of Directors/Trustees
- ☐ Proof of organization's nonprofit and/or charitable status
- ☐ Mission Statement
- ☐ Copy of Organization's Business Plan
- ☐ Current Annual Budget and Financial Statement
- ☐ Organization's Complaint or Grievance Policy, including escalation to the Board if necessary
- ☐ Letter from Board President in support of the Candidate Application
- ☐ List of board members
- ☐ Client application/intake form
- ☐ Client contract or agreement that is signed before or at placement
- ☐ A sample of the training records your organization maintains for individual dogs
- ☐ Completed Letter of Recommendation Form from an existing ADI Accredited Member
  **OPTIONAL · Request a Site Visit and Interview with a member of the Candidate Review Committee.*
- ☐ Reference Letter from assistance dog client (minimum 1 year with their dog) (1 of 3)
- ☐ Reference Letter from assistance dog client (minimum 1 year with their dog) (2 of 3)
- ☐ Reference Letter from assistance dog client (minimum 1 year with their dog) (3 of 3)
- ☐ Nonrefundable Processing Fee ($500 US Dollars)

Note: All three Reference Letters from assistance dog clients must not be dated more than three months prior to submission.

Once all required application documents have been gathered, please contact the appropriate ADI representative below to request access to a secure Dropbox folder for document submission:

In Europe: Steph Atkin, ADEu Development Coordinator: steph@assistancedogsinternational.org

All other regions: Gabi Silva, Operations Specialist: gabi@assistancedogsinternational.org

After all required documentation has been uploaded to the Dropbox folder, an invoice for the $500 USD nonrefundable application processing fee will be issued.