



## CLINICIAN ACADEMY APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
*First Middle Last*

Are you at least 18 years of age? (Check one) Yes ☐ No ☐

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

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Number of Years  
at this address*

Physical Address (If different) \_\_\_\_\_

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Number of Years  
at this address*

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Previous addresses during the last 3 years \_\_\_\_\_

US Citizen? Yes ☐ No ☐ If no, please explain \_\_\_\_\_

Have you ever been convicted of a felony crime? Yes ☐ No ☐

Have you ever been convicted of a misdemeanor crime? Yes ☐ No ☐

Downunder Horsemanship reserves the right to do a background check. We must have your permission to perform this check. **Yes**, permission given ☐ **No**, no permission given ☐

Please attach a copy of your passport or alien registration ID OR a photo ID (drivers license, government ID) AND a copy of your social security card.

**LEARN**

**TRAIN**

**TEACH**



**WORK HISTORY** (Please provide most recent 5 years of employment history)

From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Employer's Telephone \_\_\_\_\_ Your Title \_\_\_\_\_

Job Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Employer's Telephone \_\_\_\_\_ Your Title \_\_\_\_\_

Job Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Employer's Telephone \_\_\_\_\_ Your Title \_\_\_\_\_

Job Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Employer's Telephone \_\_\_\_\_ Your Title \_\_\_\_\_

Job Duties \_\_\_\_\_

**EDUCATION**

School Type	School Name	City, State	Degree	Dates Attended
High School				
College				
Vocational				
Graduate				



## HORSEMANSHIP HISTORY

I have been a participant in a Downunder Horsemanship Clinic and/or Private Lesson.

Level	Dates	Instructor

## Other Horsemanship Clinics

Level	Dates	Instructor/Affiliation

Please include anything additional horse-related in your hobby and work history

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## APPLICATION REQUIREMENTS

- ☐ I am an active No Worries Club Member.
- ☐ I am a Premium No Worries Club Member and have access to Clinton's complete training library, or I own the Fundamentals and Fundamentals In Action on the Trail Kits as well as the Hobbling and Leg Restraints video.

I want to become a Downunder Horsemanship Method Ambassador because

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## Academy Processing Fee – \$250

(Non Refundable. Due at time of application. Includes Application Processing and Background Check Fees)

## PAYMENT INFORMATION

\$10,250 due at time of application (\$10,000 for the first half of the Academy application fee plus a \$250 non-refundable processing fee).

☐ Check      Check No. \_\_\_\_\_ Check Amount \_\_\_\_\_

☐ Visa   ☐ Master Card   ☐ American Express   ☐ Discover

Cardholder Name \_\_\_\_\_

Card No. \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_ CVV Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_

*By completing the credit card information above, I understand my card will be charged \$10,250 plus a 3.5% credit card processing fee for a total of \$10,608.75. I authorize this payment.*

*Make checks payable to Clinton Anderson Clinician Academy. Mail checks to PO Box 1495, Farmington, AR 72730.*

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### Riding Experience

\_\_\_\_\_ I have watched Clinton's vlog, "Riding Experience and the Academy" found on the No Worries Club website (<https://noworriesclub.com/video/riding-experience-and-the-academy/>) and the Downunder Horsemanship app in the video category "The Man Behind the Method." After reviewing the video, I understand that my success in the Academy is dependent on my experience as a horseman and rider.

Initial

### Theory Testing

\_\_\_\_\_ I understand I will be required to type my Theory test answers using a laptop computer provided by Downunder Horsemanship. I understand I must be proficient in typing in order to take my Theory tests.

Initial

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I hereby certify that the information provided in this application is true and correct. I understand that my Academy enrollment may be terminated immediately upon discovering that any information is false.

I understand the submission of my payment and the completion of the training program at the ranch does not guarantee my certification.

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Signature

Date

**Email applications/documents to [acarr@downunderhorsemanship.com](mailto:acarr@downunderhorsemanship.com)**