

CIAED Grandfathering Application

DEADLINE FOR SUBMISSION: June 30, 2027

Please fill out the below application and submit via email with applicable documentation to:

canadianiaed@gmail.com

Applicant Contact Information

Name: _____

Phone: _____

Email: _____

Address: _____

Mailing Address (if different): _____

Applicant Certification Information

Formal educational institution attended: _____

Current Association Certification (select one):

☐ IAED ☐ CAEDP ☐ IGFP ☐ Other _____

Level of Certification (if applicable):

☐ Standard ☐ Advanced ☐ Master ☐ Other _____

Year of Certification: _____

Required Documentation to be included with application:

- Certificate of Completion: Equine Dental Practitioner
- Certificate of Completion: Equine Dental Practitioner Sedation Certified (if applicable)
- CIAED Equine Dental Practitioner Membership application (downloaded pdf completed if online application not already submitted)
- Proof of payment for CIAED Equine Dental Practitioner membership (e-transfer confirmation or online receipt)

If you have any questions about this application or the Grandfathering process, please contact us via email at canadianiaed@gmail.com.