



Purpose: This procedure provides guidance for National Walking Horse Association (NWHHA) to recognize clinics and other educational seminars.

Scope: This procedure applies to any NWHHA personnel who wish to recognize or organize clinics aimed at improving the training practices of walking horse owners. Clinics do not have to be specifically oriented toward gaited horses, but should address training and horsemanship issues that may be applied.

Responsibilities:

| TITLE | Description |
|-------------------------------|--|
| Directors | Directors assure that the rules for clinic recognition are in place and meet the needs and desires of the membership. |
| Director of Operations | Provides a venue for formal recognition. Provides forms, maintains and files copies. Assures that information is provided on web site and in NWHHA News. |
| Education Committee | Solicits clinicians. Provides information to NWHHA membership. Promotes educational clinics |

List of Appendices:

Appendix A – Clinic Recognition Form



Procedure:

NWHA strives to improve the education of gaited horse owners to promote horsemanship and eliminate abuse. To this end, NWHA will solicit clinicians to provide educational seminars on a variety of topics. NWHA will recognize these clinics and promote them through whatever venues are available to it.

To recognize a clinic, complete the following:

- The clinic organizer will complete a “clinic recognition” form (Appendix A). Submit the form to the corporate office either electronically or on paper. The fee for clinic recognition is \$25.00
- The Director of Operations or his designee will affirm that the form is received.
- The Director of Operations or his designee will add the clinic date, time, and topic to the NWHA Calendar, so that it will appear both on the web site and in the NWHA News (if time permits).
- If the clinician or the organizer wishes, they may write a short course description to be posted on the web site along with the date and time.
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Appendix A NWA Clinic Recognition Form

Clinic Name: _____ **Date:** _____

Clinician: _____

Location: _____

Organizer: _____

Contact Information:

Clinician phone number: _____ **email:** _____

Organizer phone number _____
email: _____

Brief description of clinic for web site (Maximum 100 words):