



## **REQUIREMENTS FOR RE-CERTIFICATION**

### **Hippotherapy Clinical Specialist®**

Your Hippotherapy Clinical Specialist Certification is valid for five (5) years. Note that the valid dates are printed on your certificate. At the present time, any ONE of the following options is acceptable for re-certification:

1. Re-take and pass the examination
2. Written evidence of 120 hours of continuing education distributed over the five years, with
  - 50% (60 hours) in education related to equine subject matter: psychology, training, riding skills, etc.
  - 25% (30 hours) in education related to direct service in your professional discipline
  - 25% (30 hours) in any other subject related to hippotherapy

**Note:** hours may be accrued through AHA activities, including:  
Active participation with an AHA, Inc. Committee  
Publication in AHA, Inc. **Hippotherapy** publication
3. Written evidence of scholarly activity\* appropriate to the field of hippotherapy.  
*Examples of acceptable scholarly activity include:*
  - Hippotherapy Faculty in Graduate Education
  - Publication or research of scholarly article in Juried Publication
  - Scientific research related to hippotherapy
  - Teaching/developing workshops
  - AHA Approved Workshop Faculty

\*Scholarly activity not specifically mentioned will be considered by AHCB upon written request by the individual. The activity must demonstrate strong knowledge and involvement in the field of hippotherapy.

Application for re-certification must be submitted to AHCB and **postmarked by the expiration date of your present certification**. It is the responsibility of the Hippotherapy Clinical Specialist to apply for re-certification in a timely manner.

**\*Failure to apply for re-certification prior to the expiration date on your certificate will necessitate your re-taking the examination.**

**\*Please submit application for re-certification and necessary documentation together in one packet.**

An application for re-certification is attached



## American Hippotherapy Certification Board

### **APPLICATION FOR RE-CERTIFICATION** **Hippotherapy Clinical Specialist ®**

Name: \_\_\_\_\_

(Name on certificate if different from above) \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ E-mail: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

[Please highlight any information above that is new within the last five years]

I request re-certification by the following method (Please check the appropriate box):

- I am going to re-take the examination and have made the appropriate arrangements.
- I have completed the necessary continuing education requirements and have enclosed the necessary documentation.
- I have been involved in scholarly activity described and verified in the attached document.
- I request consideration from AHCB for an alternative endeavor that indicates strong horse knowledge and ongoing involvement in the field of hippotherapy. I have attached appropriate documentation.

#### **The fee for re-certification fee is \$250 for AHA members and \$275 for non-members**

If you are re-taking the examination - Send this application to AHCB indicating your intent to re-take the examination so that your certification does not lapse. Contact PTC for an examination application and then send your check and appropriate materials directly to PTC.

If you do not wish to re-take the examination - Send \$250 (or \$275 non-AHA, Inc) check made out to "AHCB" along with this completed application, a photocopy of current license or certification for the practice of PT, OT or SLP, and all necessary documentation.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE: this application must be sent to AHCB and postmarked before your certificate expires or you will be required to re-take the examination.**

#### **\*PLEASE SUBMIT APPLICATION AND DOCUMENTATION TOGETHER IN ONE PACKET:**

- Check made out to "AHCB" in the amount of \$250 or \$275 (non-AHA, Inc members)
- Completed application (this page)
- Photocopy of current license or credentials for professional practice (for PT, OT, or SLP)
- All necessary documentation

Send to: **Jann Goodman, PT, HPCS**  
**10644 E. Baywood Ave.**  
**Mesa, AZ 85208**  
**bldrmoun@aol.com**