



American Hippotherapy Certification Board
2537 Research Blvd. Suite 203
Fort Collins, Colorado 80526
(970)818-1322 FAX(877)700-3498
hippotherapycertification.org

AHCBC Hippotherapy Certification Renewal

REQUIREMENTS FOR CERTIFICATION RENEWAL

Your AHCBC Hippotherapy 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 AHCBC Hippotherapy Certification Renewal, in addition to the maintenance of licensure in your therapy profession:

1. Re-take and pass the examination
2. Sustained Membership in AHA throughout the 5 years and attendance at a minimum of one AHA Conference or AHA approved course
3. At least 50 hours of education related to equine subject matter: ie psychology, training, riding skills

***Participation in scholarly activity not specifically mentioned will be considered by AHCBC upon written request by the individual and documentation. The activity must demonstrate strong relationship to the field of hippotherapy.

The application for AHCBC Hippotherapy Certification Renewal must be submitted to AHCBC and postmarked by the expiration date of your present certification. It is the responsibility of the AHCBC Hippotherapy Certified Professional to apply for re-certification in a timely manner. AHCBC will attempt to contact you in advance; therefore it is your responsibility to keep AHCBC apprised of any changes in contact information.

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

***Please submit application for AHCBC Hippotherapy Certification Renewal and necessary documentation together in one packet.**

An application for renewal is attached.



American Hippotherapy Certification Board
2537 Research Blvd. Suite 203
Fort Collins, Colorado 80526
(970)818-1322 FAX(877)700-3498
hippotherapycertification.org

Application for Renewal of AHCB Hippotherapy Certification

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 renewal of my 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 maintained my membership in AHA for 5 years and attended at least one AHA conference/course. A copy of the attendance certificate is attached.

____ I have completed the necessary 50 hours of continuing education requirements related to equine subject matter ie: psychology, training, riding skills and have enclosed the necessary documentation.

____ I request consideration from AHCB for scholarly activity*** that indicates strong horse knowledge and ongoing involvement in the field of hippotherapy. I have attached appropriate documentation.

AHCB Hippotherapy Certification Renewal fee is \$125 for AHA members and \$175 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 \$135 (or \$185 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 of CEUs.

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 \$135 or \$185 (for non-AHA, Inc members)
- Completed Application (*this page*) and All necessary Continuing Education Documentation
- Photocopy of current license or credentials for professional practice (for PT, OT, or SLP)

Send to: Linda Frease
4219 Benson Ave. N
St Petersburg, FL 33713