



American Hippotherapy Certification Board  
*hippotherapycertification.org*

## AHCB Hippotherapy Certification Renewal

### REQUIREMENTS FOR CERTIFICATION RENEWAL

Your AHCB 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 AHCB 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 per 5 year certification period with a minimum of:
  - a. 14 hours of any AHA sponsored education including seminars and conferences
  - b. 15 - 25 hours related to the use of Hippotherapy as related to your professional practice
  - c. 15 - 20 hours related to equine subject matter: handling, training, biomechanics,

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

The application for AHCB Hippotherapy Certification Renewal **must be submitted to AHCB and postmarked by the expiration date of your present certification**. It is the responsibility of the AHCB Hippotherapy Certified Professional to apply for re-certification in a timely manner. AHCB will attempt to contact you in advance; therefore it is your responsibility to keep AHCB 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 AHCB Hippotherapy Certification Renewal and necessary documentation together in one packet.**

An application for renewal and Continuing Education Recording Form are attached.



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## **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 as outlined on page 1 and have enclosed the Continuing Education Recording Form(s). If available, I am also attaching attendance certificates.

☐ 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 \$135 for AHA members and \$185 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



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## **Continuing Education Recording Form**

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

Documentation to verify is attached. Certificate, unofficial transcript, or other record of task completion.

Title or description of Continuing Education Activity: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ \*AHA sponsored education \_\_\_\_\_ Practice Specific \_\_\_\_\_ Equine subject matter \_\_\_\_\_ Other

Provider/Instructor: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Describe the relevance of the activity to your practice of hippotherapy if non AHA sponsored.

Title or description of Continuing Education Activity: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ \*AHA sponsored education \_\_\_\_\_ Practice Specific \_\_\_\_\_ Equine subject matter

Provider/Instructor: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Describe the relevance of the activity to your practice of hippotherapy if non AHA sponsored.

Title or description of Continuing Education Activity: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ \*AHA sponsored education \_\_\_\_\_ Practice Specific \_\_\_\_\_ Equine subject matter

Provider/Instructor: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Describe the relevance of the activity to your practice of hippotherapy if non AHA sponsored.

Title or description of Continuing Education Activity: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ \*AHA sponsored education \_\_\_\_\_ Practice Specific \_\_\_\_\_ Equine subject matter

Provider/Instructor: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Describe the relevance of the activity to your practice of hippotherapy if non AHA sponsored.

\*AHA sponsored education may include conference recordings, study groups, or other educational opportunities offered by AHA faculty.

Make as many copies of this form as necessary.