

AHCB

American Hippotherapy Certification Board
hippotherapycertification.org

Application for Renewal of AHCB Hippotherapy Certification

Name: _____ Phone: _____

(Name on certificate if different from above): _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

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):

- Re-take and pass the examination
- Sustained Membership in AHA throughout the 5 years and attendance at a minimum of one AHA Conference or AHA approved course
- Written evidence** of at least 50 hours of continuing education per 5-year certification period with a minimum of:
 - 14 hours of any AHA sponsored education including seminars and conferences
 - 15 - 25 hours related to the use of hippotherapy as related to your professional practice
 - 15 - 20 hours related to equine subject matter: i.e., psychology, training, handling, biomechanics, veterinary care, nutrition, etc.
- Written evidence of **AHCB pre-approved** significant scholarly activity appropriate to the incorporation of hippotherapy. *Examples* of acceptable scholarly activity include:
 - Publication or research of scholarly article in Juried Publication
 - Scientific research
 - Teaching/developing continuing education
 - Faculty in Therapy Education related to hippotherapy

AHCB Hippotherapy Certification Renewal fee is \$145 for AHA members and \$195 for non-members

- If you have met one of the above requirements, please pay above fees online (<https://hippotherapycertification.org/certification-renewal/>) or send a check made out to “AHCB” to address below. Submit completed application, proof of payment, proof of current license/certification for the practice of PT, OT or SLP, and all necessary documentation.
- 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. Complete online application (<https://ptcny.com/test-sponsors/ahcb/>), allowing time for exam results to be finalized by the deadline for renewal.

SIGNED: _____ DATE: _____

***PLEASE SUBMIT TOGETHER – BEFORE YOUR CERTIFICATION EXPIRES:**

- Proof of online payment (<https://hippotherapycertification.org/certification-renewal/>) or mail check made out to “AHCB” for the appropriate amount from above.
- Completed application (printed, completed, scanned, & attached if emailing) and all necessary supporting documentation. Use continuing education recording form provided.
- Proof of current license or credentials for professional practice (PT, OT, or SLP and assistants).

Submit to: Linda Frease: lafrease@verizon.net ~ OR ~ 4219 Benson Ave. N. St. Petersburg, FL 33713

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Continuing Education Recording Form

Applicant's Name: _____

****Attach/include documentation of completion: certificate, unofficial transcript, or other record of 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.