



American Hippotherapy Certification Board

Application for Hippotherapy Clinical Specialist ® Renewal

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

- Re-take the examination: I have made the appropriate arrangements.
- 120 hours of continuing education distributed over the five years, with written evidence of:
 - 50% (60 hours) in education related to equine subject matter: i.e., psychology, training, handling, biomechanics, veterinary care, nutrition, 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.
- 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
 - AHA approved faculty
 - Faculty in therapy education related to hippotherapy
- Written evidence of an **AHCB pre-approved** alternative endeavor that indicates strong horse knowledge and ongoing involvement in the incorporation of hippotherapy.

The fee for renewal is \$260 for AHA members and \$310 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 (for PT, OT, or SLP).

Submit to: Jann Goodman: bldrmoun@aol.com ~ OR ~ 10644 E. Baywood Ave., Mesa, AZ 85208



American Hippotherapy Certification Board

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.