



AHCBS Hippotherapy Certification Examination Testing Agreement

APPLICATION ACCURACY: I certify that all information contained in my application for the AHCBS Hippotherapy Certification Examination is true and accurate to the best of my knowledge.

RELEASE OF INFORMATION: I agree that if I pass the examination, AHCBS may release my name and the fact that I have achieved the AHCBS Hippotherapy Certification to media outlets as deemed appropriate and release my name and address in a listing of certified therapists to individuals, organizations, or employers interested in hippotherapy as directed by AHCBS's Board of Directors.

EXAMINATION PROCEDURES: I understand that AHCBS, through Prometric, reserves the right to refuse admission to any AHCBS examination to me if I do not have the proper identification (current government-issued photo ID) or if I am late to my examination appointment. If I am refused admission for any of these reasons or fail to appear at the examination site, any refund of fees or credit for future examinations will be in accordance with the policies stated in the AHCBS Candidate Handbook or at the discretion of AHCBS. I understand that the proctors at my assigned examination site will have the discretion to maintain a secure and proper test administration. I acknowledge that in this capacity, the proctors may relocate me before or during the examination. I will not communicate with other examinees in any way.

SECRECY OF EXAMINATION: I understand that I may seek admission to sit for the AHCBS Hippotherapy Certification Examination only for the purpose of seeking AHCBS certification, and for no other purpose. Because of the confidential nature of the AHCBS examination, I will not take any examination materials from the test site, reproduce the examination materials, or transmit the examination questions or answers in any form to any other person.

DISMISSAL FROM EXAMINATION/CANCELLED SCORES: I understand that I may be dismissed from the examination and that my test score may be cancelled for any of the following reasons: (1) failing to present current government-issued photo identification; (2) using unauthorized aids; (3) failing to follow test directions or procedures; (4) creating a disturbance; (5) giving or receiving help on the examination; (6) attempting to remove test materials or notes from the examination room; (7) impersonating another candidate. I agree that if I am dismissed from the examination or my test score is cancelled because of such violations, I will receive no refund of the application fee and there will be no credit for any future examination.

EXAMINATION REVIEW: I understand that if I fail an AHCBS examination, I must reapply to qualify, and all applicable fees and documentation at each step of the application process will be required. I agree to resolve any disagreements I have regarding the examination through AHCBS's own internal processes, and release AHCBS from legal liability with respect to the examination. I agree that with respect to the examination portion of the certification process, the only permissible challenge is a challenge to the accuracy of the computation of the scores. I waive all further claims of examination review and agree to indemnify and hold harmless AHCBS and its representatives from any action taken pursuant to the rules and standards of AHCBS regarding this application, the AHCBS examination and/or certification.

I hereby apply for the AHCBS Hippotherapy Certification Examination as offered by AHCBS. I understand that final certification depends upon meeting all eligibility criteria as well as successful completion of the AHCBS Hippotherapy Certification Examination, and that acknowledgement of my certification can be

stated as, "AHCBS Hippotherapy Certified", but does not include any initials in my professional signature. I understand that information supplied is subject to audit and that failure to respond to a request for further information may be sufficient cause for the AHCBS to bar me from the written examination, to invalidate the result of my examination, to withhold certification, to revoke certification, or to take other appropriate action. I further understand that the information acquired in the certification process may be used for statistical purposes and for evaluation of the certification program.

To the best of my knowledge, the information supplied in the Application for AHCBS Hippotherapy Certification Examination is true, complete, correct, and is made in good faith. Furthermore, by signing the application, I acknowledge that I have read and understand the information included in the AHCBS Hippotherapy Certification Examination Testing Agreement and agree to abide by these terms.