AHCB
American Hippotherapy Certification Board

AHCB Hippotherapy Certification Examination
Attestation Statement

Candidate full name:	Candidate email:
Candidate address:	Candidate phone:

VERIFICATION OF HIPPOTHERAPY EXPERIENCE BY OPERATING CENTER DIRECTOR OR EQUIVALENT

I certify that the candidate named above has a minimum of 25 hours of direct patient treatment using hippotherapy in addition to completing AHA Inc. Part I and II courses or equivalent graduate level courses.

Operating center director signature:	Date:
Print name:	Email:
Operating center name where candidate has incorporated hippotherapy:	Phone:

VERIFICATION OF HORSE EXPERIENCE BY RIDING INSTRUCTOR WITH CREDENTIALS ACCEPTABLE TO AHCB*

I certify that the candidate named above conducts the following activities safely and independently:

a. Groom and tack up a horse
b. Mount and dismount
c. ride safely with control at a walk and trot
d. work with horses in a comfortable & confident manner

Credentialed instructor/judge signature:	Date:
Print name:	Email:
Instructor/judge credentials:	Phone:

*Examples of acceptable credentials: USPC, USDF, PATH Int'l/CTRI, CHA, BHSAI, etc. If you have a question regarding acceptable credentials, please ask prior to submitting the application to avoid delays.