



## Hippotherapy Clinical Specialist® Examination Testing Agreement

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

**RELEASE OF INFORMATION:** I agree that if I pass the examination, AHCB may release my name and the fact that I have achieved the HPCS® 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 AHCB's Board of Directors.

**EXAMINATION PROCEDURES:** I understand that AHCB, through Prometric, reserves the right to refuse admission to any AHCB 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 AHCB Candidate Handbook or at the discretion of AHCB. 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 Hippotherapy Clinical Specialist® Examination only for the purpose of seeking HPCS designation, and for no other purpose. Because of the confidential nature of this AHCB 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 AHCB 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 AHCB's own internal processes, and release AHCB 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 AHCB and its representatives from any action taken pursuant to the rules and standards of AHCB regarding this application, the AHCB examination and/or certification.



## **Hippotherapy Clinical Specialist® Examination Testing Agreement – cont'd.**

I hereby apply for the Hippotherapy Clinical Specialist® Examination as offered by AHCB. I understand that attainment of the HPCS® credential depends upon meeting all eligibility criteria as well as successful completion of the Hippotherapy Clinical Specialist® Examination. I understand that acknowledgement of my credential allows me to place the initials HPCS after my name as part of 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 AHCB 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 Hippotherapy Clinical Specialist® 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 Hippotherapy Clinical Specialist® Examination Testing Agreement and agree to abide by these terms.