

HIPPOTHERAPY
CLINICAL SPECIALIST®
CERTIFICATION
EXAMINATION

Handbook for Candidates

Application Deadline

Examination Date

December 31, 2011

February 4, 2012

June 30, 2012

August 4, 2012

AHCB

American Hippotherapy Certification Board



PROFESSIONAL TESTING CORPORATION®

1350 BROADWAY • 17th FLOOR
NEW YORK, NY 10018
(212) 356-0660
WWW.PTCNY.COM

Hippotherapy

Hippotherapy is a physical, occupational, or speech-language therapy treatment strategy that utilizes equine movement as part of an integrated intervention program to achieve functional outcomes. It has been practiced in North America since the 1970's and is practiced in many countries throughout the world.

The American Hippotherapy Certification Board (AHCBS) is the certifying body of the American Hippotherapy Association, Inc. (AHA, Inc.). The AHCBS is comprised of Hippotherapy Clinical Specialists® representing the physical, occupational, and speech and language therapy professions.

CERTIFICATION

The American Hippotherapy Certification Board (AHCBS) endorses the concept of voluntary, periodic certification by examination for all professionals who use hippotherapy in their practice. Professionals who work (or have worked) in the clinical specialty of hippotherapy and meet eligibility requirements are eligible to take this examination. Certification is one part of a process called credentialing. It focuses specifically on the individual and is an indication of current knowledge in a specialized area of practice. (However, AHCBS does not warrant the performance of any individual certificant.) Board certification in hippotherapy is highly valued and provides formal recognition of a high level of knowledge in the clinical specialty.

PURPOSES OF CERTIFICATION

TO PROMOTE DELIVERY OF SAFE AND EFFECTIVE TREATMENT WHICH INCORPORATES HIPPO THERAPY THROUGH THE CERTIFICATION OF QUALIFIED HIPPO THERAPY CLINICAL SPECIALISTS® BY:

1. Recognizing formally those individuals who meet the eligibility requirements of the American Hippotherapy Certification Board and pass the Hippotherapy Clinical Specialist® Certification Examination.
2. Encouraging continued personal and professional growth in the use of hippotherapy within professional practice.
3. Establishing and measuring the level of knowledge required for certification in hippotherapy.
4. Providing a standard of knowledge requisite for certification, thereby assisting the employer, public, and members of the health professions in the identification of the Hippotherapy Clinical Specialist®.

ELIGIBILITY REQUIREMENTS

1. Currently licensed or certified to practice as a physical therapist, occupational therapist, or speech and language pathologist in the United States or the equivalent in other countries.
2. At least three years of full time or the equivalent (6,000 hours) experience in the practice of physical therapy, occupational therapy, or speech and language pathology.
3. A minimum of 100 hours of one-on-one direct treatment in clinical practice using hippotherapy within the three years prior to certification application deadline. Please note that treatment experience that is part of an educational course or mentoring process does not qualify for this eligibility requirement.
4. Experienced and comfortable working with horses. Independent skilled riding ability.
5. Completion and filing of Application for the Hippotherapy Clinical Specialist® Certification Examination.
6. Payment of required fees.

ADMINISTRATION

The Certification Program is sponsored by the American Hippotherapy Certification Board (AHCBS). The Hippotherapy Clinical Specialist® Certification Examination is administered for the AHCBS by the Professional Testing Corporation (PTC), 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com. Questions concerning the examination should be referred to PTC.

ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

Eligible candidates who pass the Hippotherapy Clinical Specialist® Certification Examination are eligible to use the designation HPCS after their names and will receive certificates from the AHCBS. A database of Hippotherapy Clinical Specialists® is maintained by the AHCBS and may be reported in its publications.

Certification for Hippotherapy Clinical Specialists® is recognized for a period of five years at which time the candidate must retake and pass the current Certification Examination or meet alternative requirements as are in effect at that time in order to retain certification.

REVOCAION OF CERTIFICATION

Certification will be revoked for any of the following reasons:

1. Falsification of an Application.
2. Revocation or suspension of current professional license.
3. Misrepresentation of certification status.
4. Violation of any other rule as adopted by AHCBS.

The appeals process of the AHCBS provides the mechanism for challenging revocation of Board Certification. It is the responsibility of the individual to initiate this process.

APPLICATION PROCEDURE

Handbooks for Candidates and Applications for the Hippotherapy Clinical Specialist® Certification Examination may be obtained from the Professional Testing Corporation, 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com. Read and follow the directions on the Application and in this Handbook for Candidates.

COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark one response only unless otherwise indicated.

Starting at the top of the Application, print your name, address, daytime phone number, and Testing Center Number, city, and state (see page 4 of the Handbook for Testing Center Information) in the appropriate row of empty boxes.

CANDIDATE INFORMATION - PART I: In the center of the Application are a series of questions labeled A through I. All questions must be answered. Mark only one response unless otherwise indicated.

CANDIDATE INFORMATION - PART II: Complete all questions in Part II, and enclose a photocopy of current license or certification for the practice of physical therapy, occupational therapy, or speech and language pathology. Do NOT staple photocopy to the Application.

Sign and obtain all necessary signatures in the spaces provided.

BACKGROUND INFORMATION: Questions A through E relate to background information. All questions must be answered. Mark only one response unless otherwise indicated.

OPTIONAL INFORMATION: Questions F-H are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

SIGNATURE: When you have completed all required information, read the AHCBS Testing Agreement, and obtained all necessary signatures, sign and date the Application in the space provided.

APPLICATION CHECKLIST: Candidates must check completion of the following:

___ Application signed in each of the six areas required

___ Photocopy of current license or certification enclosed

___ Appropriate fee enclosed (see Fees on page 5)

Fold the completed Application and mail together with the appropriate documentation in time to be postmarked by the deadline shown on the cover of this handbook to:

AHCBS EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 Broadway – 17th Floor
New York, New York 10018

NOTE: Applications received after the deadline cannot be guaranteed acceptance.

TESTING CENTER INFORMATION

The following areas will serve as testing centers for the examination. Indicate your choice of center on your Application in the space provided.

ALABAMA

202 - Birmingham

ARIZONA

222 - Phoenix

CALIFORNIA

255 - Los Angeles

262 - San Francisco area

COLORADO

276 - Denver area

FLORIDA

313 - Orlando

GEORGIA

332 - Atlanta

ILLINOIS

368 - Chicago

IOWA

406 - Iowa City

KENTUCKY

434 - Lexington

WASHINGTON, DC

477 - Washington, DC area

MASSACHUSETTS

486 - Boston

MINNESOTA

534 - Minneapolis

NEW YORK

668 - New York City

OHIO

732 - Columbus

PENNSYLVANIA

788 - Philadelphia

TENNESSEE

851 - Memphis

852 - Nashville

TEXAS

867 - Dallas

871 - Houston

WASHINGTON

928 - Seattle

NOTE: Requests for change of testing center location must be received FOUR weeks before the testing date.

REQUESTS FOR SPECIAL TESTING CENTERS

1. Distance:

If a candidate lives over 500 miles from an established testing center, arrangements for a special testing center may be possible if an additional fee of \$100.00 is submitted. A written request must accompany the candidate's Application specifying the preferred test center and must be received EIGHT weeks before the testing date.

2. Sunday:

Sunday testing is permitted ONLY for those candidates submitting satisfactory evidence that their religious convictions prevent them from taking the examination on Saturday. The Special Testing Center Fee is NOT required. Requests for Sunday Testing must be made in writing at the time the Application is submitted and must be received EIGHT weeks before the testing date.

3. Individuals with Special Needs:

Special testing arrangements will be made for individuals with special needs. Submit the Application, Examination Fee, and a completed and signed Request for Special Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. Requests for special testing for individuals with special needs must be received at least EIGHT weeks before the testing period begins.

4. Groups:

Groups of ten or more candidates may request a special group testing center PROVIDED all ten Applications and fees are sent in one group at least EIGHT weeks before the testing date. The Special Testing Center Fee is NOT required for candidates requesting special group testing centers.

FEES

1. Application Fee for the Hippotherapy Clinical Specialist® Certification Examination:

AHA Inc. Members\$275.00
Non-AHA Inc. Members\$375.00
2. Special Testing Center Fee\$100.00
3. Rescheduling Fee\$150.00

NOTE: Pay the Special Testing Center Fee ONLY if a Special Testing Center for distance is being requested. See Special Testing Center instructions starting on page 4. Fees must be submitted in U.S. dollars. DO NOT SEND CASH.

MAKE CHECK OR MONEY ORDER PAYABLE TO:
AHCBC EXAMINATION

REFUNDS/RESCHEDULING

Following receipt of Application and fee, a candidate who does not take the examination may receive a partial refund of \$50.00 if a request is received in writing up to 30 days after the testing date. Requests for refunds will NOT be honored after the 30 days. Written requests should be faxed to (212) 356-0678 or mailed to:

AHCBC Examination
Professional Testing Corporation
1350 Broadway - 17th Floor
New York, New York 10018

Special Testing Center Fees will NOT be refunded.

Candidates unable to take the examination as scheduled may request a transfer to another examination date up to 30 days after the testing date if submitted with the rescheduling fee of \$150 and may elect to reschedule to a date within one year of the originally scheduled date. Applicants who cannot attend the examination on the date for which registered and do not request a transfer within 30 days after the testing date will have the application closed and must complete the Application process from the beginning in order to take the examination.

SCHEDULE FOR EXAMINATION

The following schedule will be observed at all testing centers:

- 8:30 A.M. - Report to testing center
- 9:00 A.M. - Examination begins
- 1:00 P.M. - Examination ends

All candidates should report to their assigned centers by 8:30 A.M. on the examination date. Latecomers may be admitted to the examination at the discretion of the Examiner but will NOT be permitted to test beyond the time scheduled for completion of the examination.

ADMISSION TO TESTING

The Professional Testing Corporation will notify candidates approximately three weeks before the test date of final assignments to testing centers by means of an Admission Notice showing exact address to which candidates should report.

This Admission Notice PLUS current government-issued photo identification must be presented in order to gain admission to the testing site. A candidate not receiving an Admission Notice at least one week before the test date should contact the Professional Testing Corporation by telephone at (212) 356-0660.

Changes in assignments to testing centers can NOT be made later than four weeks before the examination date.

RULES FOR THE EXAMINATION

1. Candidates must bring several sharpened Number 2 pencils with erasers to the testing center.
2. No books, computers, or other reference materials may be taken into the examination room.
3. Hand-held battery or solar-operated calculators are permitted.
4. Electronic devices including, but not limited to, cell phones, pagers, Blackberries, Bluetooth type devices, MP3 players (iPod, I-Touch), cameras, and voice recorders cannot be used during the examination and must be turned off.
5. No test materials, documents, or memoranda of any sort are to be taken from the examination room.
6. The examination will be held only on the day and at the time scheduled.
7. No questions concerning content of the examination may be asked during the testing period. The candidate should listen carefully to the instructions given by the Examiner and should read carefully directions in the test booklet.

REPORT OF RESULTS

Candidates will be notified in writing by PTC within approximately six weeks whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported. Successful candidates will also receive certificates from the AHCB.

REEXAMINATION

The Hippotherapy Clinical Specialist® Certification Examination may be taken as often as desired upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated.

CONFIDENTIALITY

1. The AHCB will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to the Professional Testing Corporation.

CONTENT OF EXAMINATION

1. The Hippotherapy Clinical Specialist® Certification Examination is a written examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting on page 8.
3. The questions for the examination are obtained from PTs, OTs, and SLPs with expertise in hippotherapy and are reviewed for construction, accuracy, and appropriateness by the AHCB and other Hippotherapy Clinical Specialists®.
4. The AHCB, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The Hippotherapy Clinical Specialist® Certification Examination will be weighted in approximately the following manner:
 - I. History/Theory/Research.....8%
 - II. Horsemanship..... 25%
 - III. Movement Science 22%
 - IV. Application of Hippotherapy Principles 35%
 - V. Program Administration..... 10%

CONTENT OUTLINE

- I. History/Theory/Research
 - A. Evolution of Hippotherapy as a Treatment Strategy
 - B. Theoretical Framework for Hippotherapy
 - 1. Dynamic Systems Theory
 - 2. Principles of Motor Learning and Skill Acquisition
 - 3. AHA Conceptual Framework
 - 4. Sensory Integration Theory
 - 5. Other
 - C. Evidence of Effectiveness of Hippotherapy
 - 1. Research and Case Studies
 - 2. Clinical Observations

 - II. Horsemanship
 - A. Conformation
 - 1. Characteristics
 - 2. Relationship of Conformation to:
 - a. Soundness
 - b. Movement Quality
 - c. Selection
 - d. Breed
 - B. Horse Psychology and Behavior
 - 1. Temperament and Personality Traits
 - 2. Age and Gender
 - 3. Environment
 - 4. Communication
 - 5. Causes and Signs of Stress
 - 6. Intelligence
 - 7. Instinctive and Learned Behaviors
 - 8. Sensory Systems
 - 9. Breed Characteristics
 - C. Equine and Stable Management
 - 1. Feeding and Nutrition
 - 2. Stable/Barn Routine
 - 3. Basic Health Maintenance and Vital Signs
 - 4. Basic First Aid
 - 5. Hoof Care
 - 6. Turn Out Schedule
 - 7. Exercise and Training Schedules
 - 8. Grooming
 - 9. Safety
 - D. Equipment
 - 1. Storage, Repair, Maintenance
 - 2. Types (Purpose, Safety, Fit)
 - a. Lead Ropes/Lines
 - b. Bridles
 - c. Bits
 - d. Halters
 - e. Side Reins
 - f. Surcingles
 - g. Saddles
 - h. Stirrups
 - i. Pads
 - j. Whips
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- E. Riding Skills Based on Dressage Principles
 - 1. Warm-Up/Cool-down of Horse and Rider
 - 2. Mounting and Dismounting
 - 3. Rider Position/Biomechanics
 - 4. Center of Gravity of Horse and Rider
 - 5. Use of Natural or Artificial Aids
 - F. Horse Handling
 - 1. Tying and Restraining
 - 2. Handling Techniques: Safety and Quality
 - a. Leading
 - b. Lungeing
 - c. Long Lining
 - 3. Training of the Horse Handler
 - 4. Emergency Situations
 - G. Training and Conditioning Principles
 - 1. General Principles
 - 2. Relationship to:
 - a. Behavior
 - b. Horse Welfare
 - c. Rider Welfare
 - d. Movement Quality
 - 3. Training the Hippotherapy Horse
 - a. Handling
 - b. Aids
 - c. Equipment
 - d. Patient Behavior
 - e. Side-Walkers
 - f. Tandem Hippotherapy
 - g. Mounts and Dismounts
 - h. Desensitization
 - i. Other

III. Movement Science

- A. Patient Posture, Balance, Mobility, and Function
 - 1. Neuromotor Systems
 - 2. Musculoskeletal Systems
 - 3. Sensory Systems, Organization, Processing
 - a. Visual
 - b. Proprioceptive/Kinesthetic
 - c. Auditory
 - d. Vestibular
 - e. Tactile
 - f. Olfactory
 - 4. Limbic System
 - a. Arousal
 - b. Motivation
 - c. Fear
 - d. Emotion
 - e. Memory
 - f. Self-Concept/Body Image
 - 5. Cognition
 - 6. Communication/Language
 - 7. Cardiovascular System
 - 8. Respiratory System
 - 9. Environmental/Contextual Factors
 - a. Support Surfaces
 - b. Assistive Devices
 - c. Natural Environment
 - d. Other

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10. Motor Control
 - a. Strategies
 - b. Praxis
 - c. Coordination
 - d. Other
 11. Tasks and ADLs (Sitting, Standing, Walking, Speaking, Reaching, etc)
 12. Other
- B. Horse in Motion
1. Therapeutic Qualities of the Walking Horse
 - a. Rhythmicity
 - b. Symmetry
 - c. Bilaterality
 - d. Multiple Planes of Movement
 - e. Multisensory
 - f. Movement Through Space
 - h. Repetition
 2. Gaits-Walk, Trot, Canter, Gallop
 - a. Biomechanics
 - b. Footfalls
 - c. Qualities
 3. Movement Qualities
 - a. Rhythm
 - b. Tempo
 - c. Energy
 - d. Impulsion, Engagement, Tracking Up
 - e. Calmness and Relaxation
 - f. Balance and Self-Carriage
 - g. Straightness
 - h. Suppleness
 - i. Freedom of Movement
 4. Movement Variations
 - a. Lengthening and Shortening
 - b. Accelerating and Decelerating
 - c. Transitions
 - d. School Figures
 - e. Lateral Movements
 - f. Half-Halt
 - g. Trotting
 - h. Reinback
 5. Effects of Handling on Horse Movement
 - a. Leading
 - b. Long Lining
 - c. Lungeing
 6. Effects of Environment on Movement
 - a. Ground Surface
 - b. Sensory Inputs
 - c. Other
- C. Patient/Horse Interaction
1. Effects of Patient on Horse's Movement
 - a. Patient Weight and Distribution
 - b. Patient Position
 - c. Patient Emotions and Behaviors
 2. Effect of Biomechanics of Horse's Gait on Patient
 - a. Walk
 - b. Trot
 3. Sensory Effects of Horse's Movement Qualities and Characteristics on the Patient
 4. Effects of Horse's Movement Variations on Patient
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IV. Application of Hippotherapy

Principles

A. Indications and Contraindications

1. Indications
 - a. Diagnoses
 - b. Age Considerations
 - c. Weight Considerations
 - d. Potential for Functional Gains
2. Contraindications
 - a. Medical-Physical
 - b. Behavioral-Emotional
 - c. Sensory Processing
3. Precautions
 - a. Medical-Physical
 - b. Behavioral-Emotional
 - c. Sensory Processing
 - d. Cognitive-Communicative
 - e. Pharmacological
4. Screening Potential Patients

B. Patient Evaluation

1. Off the Horse
 - a. Functional Abilities/Limitations
 1. Gross and Fine Motor
 2. Communicative
 3. Patient/Family Goals
 4. Assistive/Medical Devices
 - b. Relevant Diagnostic Information and Medical History
 1. Neuromuscular
 2. Biomechanical
 3. Sensory Processing
 4. Cardiovascular
 5. Respiratory
 6. Limbic System
 7. Cognitive
 8. Linguistic
 9. Behavioral
 10. Communication
2. On the Horse
 - a. Baseline Response to the Horse and Equine Movement
 - b. Response to Equipment/Environment
 - c. Prognostic Indicators
3. Treatment Plan
4. Reassessment during Course of Treatment
5. Other

C. Treatment

1. Treatment Goals and Objectives
 2. Treatment Protocol
 - a. Hippotherapy Environment
 - b. Hippotherapy Team (Selection, Number, Roles)
 - c. Matching Patient to Horse
 1. Conformation and Size Considerations
 2. Movement Dynamics
 3. Temperament Considerations
 4. Training of the Horse
 5. Treatment Objectives
 6. Sensory Processing Issues
 7. Communication
 - d. Horse Handling Method
 - e. Equipment Selection for Patient
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1. Patient Response
 2. Safety
 - f. Patient Positioning
 1. Forward Astride
 2. Alternative Positions
 - g. Mounting and Dismounting Procedures
 - h. Tandem Hippotherapy
 1. Indications for Use
 2. Practice Standards
 3. Horse Requirements
 4. Equipment Requirements
 5. Safety Concerns
 - i. Length and Frequency of Hippotherapy Sessions
 - j. Integrating PT/OT/SLP Objectives
 3. Implementation
 - a. Preparatory Activities
 - b. Intervention Strategies/Activities/Procedures
 - c. Safety Protocols
 - d. Emergency Procedures
 - e. Treatment Progressions
 - f. Post-Hippotherapy Activities
 - g. Discharge Considerations
 - h. Other
 4. Treatment Outcomes
 - a. Documenting Treatment Effectiveness Within and Across Sessions
 - b. Objective, Functional Outcome Measures
 - c. Interpretation of Treatment Results
 - d. Clinical Problem Solving
 1. Ongoing Diagnostic Indicators during Hippotherapy
 2. Modifications to Therapy Horse and Movement
 3. Modifications to Equipment
 4. Modifications to Horse Handling Methods
 5. Modifications to Intervention Strategies
 6. Modifications to Team
 7. Modifications to Environment

V. Program Administration

A. Clinical Documentation

1. Written Evaluation
2. Progress Notes for Hippotherapy as a Treatment Strategy
3. Discharge Summary

B. Record Keeping

1. Patient
 - a. Attendance
 - b. Patient Billing
 - c. CPT Codes
 - d. Occurrence Reports
2. Personnel
 - a. Application and Resume
 - b. Job Description
 - c. Confidentiality Statement
 - d. Training Records
 - e. License/Certificates
 - f. CPR/First Aid

-
3. Reimbursement Issues
 4. Equine
 - a. Health/Veterinary
 - b. Farrier
 - c. Training
 - d. Use/Schedule for Hippotherapy
 - e. Special Considerations
 5. Releases
 - C. Facility Safety and Suitability
 1. Treatment Area
 2. Stable Area
 3. Accessibility
 - a. Mounting Ramp and Block
 - b. Designated Areas
 4. Emergency and First Aid
 - a. Equipment
 - b. Emergency Plan
 - c. Environmental Hazards
 - D. Legal and Ethical
 1. Liability
 - a. General
 - b. Professional
 2. ADA Compliance
 3. Animal Welfare
 4. Contracts
 5. Confidentiality/HIPAA
 - E. Quality Assurance
 1. Personnel Performance Evaluation
 2. Continuing Education
 3. Patient/Family Satisfaction
 4. Safety Record

SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

-
1. The primary goal of hippotherapy is to
 1. teach the patient to actively control the horse.
 2. teach the patient a balanced seat.
 3. improve the patient's posture, balance, mobility, and function.
 4. improve the patient's cognitive and psychosocial development.
-
2. Which of the following team members is responsible for the control of a horse during a hippotherapy session?
 1. Header
 2. Side walker on the left
 3. Treating therapist
 4. Experienced horse handler
-
3. When assessing the conformation and movement of a therapy horse, which of the following should rank first in importance?
 1. Symmetry of gait
 2. Length of the back
 3. Slope of the shoulder and pastern
 4. Degree of impulsion at the walk
-
4. Which of the following is a CONTRAINDICATION for hippotherapy?
 1. CSF shunt
 2. Functional scoliosis
 3. Structural asymmetry
 4. Acute herniated disk
-
5. During a hippotherapy session, a surprise walk-halt transition may be used to
 1. lower arousal level.
 2. decrease muscle tone.
 3. improve feedback postural control.
 4. improve anticipatory postural control.

CORRECT ANSWERS TO SAMPLE QUESTIONS

1. 3; 2. 4; 3. 1; 4. 4; 5. 3

REFERENCES

The following list of references may be of some help in preparing for the examination. This list does not attempt to include all acceptable references nor is it suggested that the Hippotherapy Clinical Specialist® Certification Examination is necessarily based on these references.

American Hippotherapy Association, Inc. Web site:
www.americanhippotherapyassociation.org

American Hippotherapy Association, Inc. [Bibliography](#).
www.americanhippotherapyassociation.org

American Hippotherapy Association, Inc. [Level I and II Course Manuals Hippotherapy Treatment Principles and Equine Skills](#). (current edition).
www.americanhippotherapyassociation.org

American Hippotherapy Association, Inc. [The Connection Series: Core, Sensory, Long Lining, Communication and Business](#). Course Manuals (2010).
www.americanhippotherapyassociation.org

American Hippotherapy Association, Inc. [Hippotherapy Conceptual Framework](#). (1998, 2002). www.americanhippotherapyassociation.org

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Harris, S.E. (2005). [Horse Gaits, Balance, and Movement](#). New York: Howell Reference Books.

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Heriza, C. (1991). Motor development: Traditional and contemporary theories. In M.J. Lister (Ed.). [Contemporary Management of Motor Control Problems: Proceedings of the II Step Conference](#) (p 99-126). Alexandria, VA: Foundation for Physical Therapy. (www.apta.org). Click on "quick find," then "catalog," then "conference proceedings."

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Kamm, K., Thelen, E., Jensen, J.L. (1990). [A Dynamical Systems Approach to Motor Development](#). *Phys Ther* (70)12:17-29.

Murray-Slusky, C. & Paris, B.A. (2005). [Is It Sensory or Is It Behavior?](#) Austin, TX: Hammill Institute on Disabilities.

Professional Association of Therapeutic Horsemanship International. [PATH International, Standards and Accreditation Manual](#). Current Edition. c/o PATH International, P.O. Box 33150, Denver, CO 80233. www.pathintl.org or 1-800-369-RIDE.

Schmidt, R.A. (1988, 1998). [Motor Control and Learning](#), 2nd Ed. Champaign, IL: Human Kinetics Publishers.

Shumway-Cook, A. and Woollacott, M. (2001, 2006). [Motor Control Theory and Practical Applications](#). Baltimore: Williams & Wilkins.

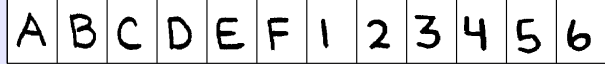
Shumway-Cook, A. and Woollacott, M. (2007). [Motor Control, Translating Research in Clinical Practice](#), 3rd Ed. Baltimore: Williams & Wilkins.

Umphred, D.A. (Ed.) (2001, 2006). [Neurological Rehabilitation](#), St. Louis: Mosby. PTC11101

Application for HIPPO THERAPY CLINICAL SPECIALIST® CERTIFICATION EXAMINATION

Directions: Read the directions in the Handbook for Candidates carefully before completing this Application.

MARKING INSTRUCTIONS: This form will be scanned by computer, so please print uppercase letters and avoid contact with the edge of the box. See example provided.



Please enter your Name exactly as it appears on a Government Issued Photo I.D.

Mr. First Name _____ Middle Initial _____
 Mrs. _____
 Ms. _____
 Dr. _____ Last Name _____ Suffix (Jr., Sr., etc.) _____

Number and Street _____ Apartment Number _____
 City _____ State/Province _____ Zip/Postal Code _____

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)

Testing Center Number (See Handbook) _____ Daytime Phone _____
 City: _____ State: _____

CANDIDATE INFORMATION - PART I

- | | |
|---|---|
| <p>A. Have you taken this examination before?</p> <p> <input type="radio"/> No
 <input type="radio"/> Yes; when and under what name?
 Date: _____
 Name: _____ </p> <p>B. What is your current profession?</p> <p> <input type="radio"/> Physical Therapist
 <input type="radio"/> Occupational Therapist
 <input type="radio"/> Speech and Language Pathologist </p> <p>C. Are you a member of AHA? <input type="radio"/> No <input type="radio"/> Yes</p> <p>D. Are you a member of PATH International? <input type="radio"/> No <input type="radio"/> Yes</p> <p>E. Are you an AHA Level II therapist? <input type="radio"/> No <input type="radio"/> Yes</p> | <p>F. How many years have you been practicing hippotherapy?</p> <p> <input type="radio"/> One year or less <input type="radio"/> 4 to 6 years <input type="radio"/> 10 or more years
 <input type="radio"/> 2 to 3 years <input type="radio"/> 7 to 9 years </p> <p>G. Approximately how many hours per week do you practice hippotherapy?</p> <p> <input type="radio"/> 0 to 1 hour <input type="radio"/> 6 to 10 hours <input type="radio"/> 16 to 24 hours
 <input type="radio"/> 2 to 5 hours <input type="radio"/> 11 to 15 hours <input type="radio"/> More than 24 hours </p> <p>H. What is the highest academic level completed?</p> <p> <input type="radio"/> Bachelor's <input type="radio"/> Doctoral
 <input type="radio"/> Master's <input type="radio"/> Other </p> <p>I. Have you taken an HPCS review course?</p> <p> <input type="radio"/> No <input type="radio"/> Yes If yes, indicate course: _____ </p> |
|---|---|

CANDIDATE INFORMATION - PART II

- A. Enclose photocopy of current license or certification for the practice of physical therapy, occupational therapy, or speech and language pathology.**
- B. Enclose photocopy of AHA Inc. Membership card if you are paying the AHA Inc. Member fee.**
- C. Sign (and obtain, where required, the appropriate signatures) for each of the following four statements:**
1. **STATEMENT OF PROFESSIONAL PRACTICE EXPERIENCE:** I certify that I have at least three years of full time or the equivalent (6,000 hrs) experience in the practice of physical therapy, occupational therapy, or speech and language pathology.

CANDIDATE SIGNATURE: _____ **DATE:** _____

List places of most recent employment:

Place: _____	City: _____	State: _____	Phone: _____	Date: _____	To: _____
Place: _____	City: _____	State: _____	Phone: _____	Date: _____	To: _____
Place: _____	City: _____	State: _____	Phone: _____	Date: _____	To: _____



CANDIDATE INFORMATION - PART II (continued)

2. **STATEMENT OF HIPPOThERAPY EXPERIENCE:** I certify that I have a minimum of 100 hours within the last three (3) years of direct patient treatment using hippotherapy.

CANDIDATE SIGNATURE: _____ **DATE:** _____

Verification of hippotherapy experience by operating center director or equivalent:

SIGNATURE (operating center director): _____

Printed name: _____ **Title:** _____ **Phone:** _____

Name of operating center where applicant has practiced hippotherapy: _____

3. **STATEMENT OF HORSE EXPERIENCE:** I certify that I conduct the following activities safely and independently:

- a. groom and tack up a horse c. ride safely with control at a walk, trot, and canter (lope)
b. mount and dismount d. work with horses in a comfortable and confident manner

CANDIDATE SIGNATURE: _____ **DATE:** _____

Verification of horse experience by riding instructor with credentials acceptable to AHCB*:

SIGNATURE (credentialed instructor or judge): _____

Printed name: _____ **Credentials:** _____ **Phone:** _____

*Examples of acceptable credentials: USPC, USDF, PATH International, ARICB, CHA, BHSAI

BACKGROUND INFORMATION

- A. **What is the primary patient population which you treat using hippotherapy?**

- Pediatric (2 to 4 years of age)
 Pediatric (5 to 12 years of age)
 Pediatric (13 to 18 years of age)
 Adult (18+ years of age)
 Mixed adult and pediatric

- B. **What is your primary patient population type?**

- Neurologic Orthopedic Mixed

- C. **Have you ever cared for your own horse?**

- No Yes

- D. **Have you ever received formal riding instruction?**

- No Yes

- E. **Do you have any recognized riding instructor credential(s)?**

- No Yes

OPTIONAL INFORMATION

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

- F. **Race**

- African American Hispanic
 Asian Native American
 Caucasian No Response

- G. **Age Range:**

- Under 25 40 to 49
 25 to 29 50 to 59
 30 to 39 60+

- H. **Gender:**

- Male Female

I certify that the information given in this Application is in accordance with the Handbook instructions and is accurate, correct, and complete. I further certify that I have read and agree to all conditions stated in the AHCB Testing Agreement.

CANDIDATE SIGNATURE: _____ **DATE:** _____

Please note: Application will be considered incomplete without all 6 REQUIRED SIGNATURES.



AMERICAN HIPPO THERAPY CERTIFICATION BOARD

AHCB TESTING AGREEMENT

APPLICATION ACCURACY. I certify that all information contained in my Application for the Certification Examination in the Clinical Specialty of Hippotherapy 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 been granted AHCB certification to newspapers and other publications. I agree that AHCB may 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 reserves the right to refuse admission to any AHCB examination to me if I do not have the proper identification (valid photo ID and admission form) or if administration of the examination has already begun prior to my arrival at the examination site. 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 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.

SECREC Y OF EXAMINATION. I understand that I may seek admission to sit for the AHCB examination only for the purpose of seeking AHCB certification, and for no other purpose. Because of the confidential nature of the 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 valid 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 violation, 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 the AHCB certification examination, I must reapply to qualify; all applicable fees and documentation at each step of the Application process will be required. I agree to resolve any disagreements I have in regard to 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, my 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 for any action taken pursuant to the rules and standards of AHCB with regard to this Application, the AHCB examination and/or certification.

I hereby apply for certification as a Hippotherapy Clinical Specialist (HPCS) offered by AHCB. I understand that certification depends upon meeting all eligibility criteria as well as successful completion of the AHCB written examination. 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 the evaluation of the certification program.

To the best of my knowledge, the information supplied in the Application for Certification Examination in the Clinical Specialty of Hippotherapy is true, complete, and 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 AHCB Testing Agreement and agree to abide by these terms.