

AHCB

American Hippotherapy Certification Board

HIPPOTHERAPY CERTIFICATION EXAMINATION

HANDBOOK FOR CANDIDATES

Testing Periods

Application Deadline: April 15, 2019
Testing Window: May 11—May 25, 2019

Application Deadline: September 20, 2019
Testing Window: October 19—November 2, 2019



Hippotherapy

The term hippotherapy refers to how occupational therapy, physical therapy, and speech-language pathology professionals use evidence-based practice and clinical reasoning in the purposeful manipulation of equine movement to engage sensory, neuromotor, and cognitive systems to achieve functional outcomes. In conjunction with the affordances of the equine environment and other treatment strategies, hippotherapy is part of a patient's integrated plan of care.

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® and represents the physical, occupational, and speech and language therapy professions. For more information, visit www.hippotherapy certification.org.

This handbook contains necessary information about the AHCBS Hippotherapy Certification Examination. Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This handbook is subject to change.

CERTIFICATION

The American Hippotherapy Certification Board (AHCB) endorses the concept of voluntary, periodic certification by examination for all professionals who incorporate hippotherapy in their practice. This examination is specifically for professionals who utilize hippotherapy in their practice and meet the eligibility requirements 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, AHCB does not warrant the performance of any individual.) AHCB Hippotherapy Certification designation provides recognition of basic knowledge in hippotherapy.

PURPOSES OF CERTIFICATION

TO PROMOTE DELIVERY OF SAFE AND EFFECTIVE TREATMENT WHICH INCORPORATES HIPPOThERAPY THROUGH THE CERTIFICATION OF QUALIFIED THERAPISTS AND THERAPY ASSISTANTS BY:

1. Recognizing formally those individuals who meet the eligibility requirements of the American Hippotherapy Certification Board and pass the AHCB Hippotherapy 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 those who are certified in hippotherapy.

ELIGIBILITY REQUIREMENTS

1. Be currently licensed or certified to practice as a therapist or assistant in the fields of physical therapy, occupational therapy, or speech and language pathology, in the United States or the equivalent in other countries.
2. Have at least one year of full-time or the equivalent (2,000 hours) experience in the practice of physical therapy, occupational therapy, or speech and language pathology beginning from receipt of licensure and must be met as of the application deadline listed on the front cover of this handbook.
3. Have completed American Hippotherapy Association (AHA) Hippotherapy Treatment Principles Level/Part I and Level/Part II courses or equivalent graduate level courses.
4. Have a minimum of 25 hours of one-on-one direct patient treatment using hippotherapy prior to the application deadline. Please note that treatment experience that is part of an educational course does not qualify for this eligibility requirement.
5. Be experienced and comfortable working with horses and can ride safely and independently at the walk and trot.
6. Agree to abide by the AHCB Testing Agreement.
7. Complete and file Application for the Hippotherapy Certification Examination.
8. Pay required fees.

ADMINISTRATION

The AHCB Hippotherapy Certification Examination is sponsored by the American Hippotherapy Certification Board (AHCB) www.hippotherapy certification.org. The Hippotherapy Certification Examination is administered for the AHCB by the Professional Testing Corporation (PTC), 1350 Broadway – Suite 800, New York, New York 10018, (212) 356-0660, www.ptcny.com. Questions concerning the examination should be referred to PTC.

ATTAINMENT OF HIPPO THERAPY CERTIFICATION

Eligible candidates who pass the Hippotherapy Certification Examination may describe themselves as AHCB Hippotherapy Certified, **BUT** do not receive initials to be placed after their names. Successful candidates will receive certificates acknowledging certification from AHCB. A database of those who are AHCB Hippotherapy Certified is maintained by the AHCB and will be reported to the American Hippotherapy Association (AHA).

The AHCB Hippotherapy Certification is recognized for a period of five years. At that time, the candidate must retake the current examination or meet alternative requirements as are in effect at that time to retain certification.

For more information regarding recertification, visit www.hippotherapy certification.org.

REVOCATION OF HIPPO THERAPY 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 certified status.
4. Violation of any other rule as adopted by AHCB.

The appeals process of the AHCB provides the mechanism for challenging the revocation of “AHCB Hippotherapy Certified” designation. It is the responsibility of the individual to initiate this process.

COMPLETION OF APPLICATION

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

NOTE: The name you enter on your Application must match exactly the name listed on your current driver's license, passport, or U.S. Military ID. Do not use nicknames or abbreviations.

Starting at the top of the Application, print your name, address, email address, daytime phone number, and test date preference in the appropriate row of empty boxes.

CANDIDATE INFORMATION - PART I: These questions must be answered. Mark only one response unless otherwise indicated.

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

OPTIONAL INFORMATION: These questions 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.

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

Sign and obtain all necessary signatures in the spaces provided.

SIGNATURE: When you have provided all required information, read the AHCB 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
- Photocopy of AHA Hippotherapy Treatment Principles Level/Part II certificate or equivalent graduate level courses
- Appropriate fee (see Fees on page 4)

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:

AHCB
PROFESSIONAL TESTING CORPORATION
1350 Broadway – Suite 800
New York, New York 10018

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

FEES

Application Fee for the AHCB Hippotherapy Certification Examination:

AHA Inc. Members	\$330.00
Non-AHA Inc. Members	\$430.00

Fees must be submitted in U.S. dollars. **DO NOT SEND CASH.**

VISA, MASTERCARD AND AMERICAN EXPRESS ARE ACCEPTED.

MAKE CHECK OR MONEY ORDER PAYABLE TO: **PROFESSIONAL TESTING CORPORATION**

EXAMINATION ADMINISTRATION

The AHCB Hippotherapy Certification Examination is administered during an established two-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: <http://www.ptcny.com/cbt/sites.htm> or call PSI at (833) 207-1288. Please note: Hours and days of availability vary at different centers. **You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from notices@ptcny.com.**

TESTING SOFTWARE TUTORIAL

A Testing Software Tutorial can be viewed online. Go to <http://www.ptcny.com/cbt/demo.htm>.

This online Testing Software Demonstration can give you an idea about the features of the testing software.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your application has been received and processed and your eligibility verified, you will be sent receipt from PTC confirming receipt of payment and acceptance of application. Within six weeks prior to the first day of the testing period, you will be sent a Scheduling Authorization via email from **notices@ptcny.com**. Please ensure you enter your correct email address on the application and add the 'ptcny.com' domain to your email safe list. If you do not receive a Scheduling Authorization at least three weeks before the beginning of the testing period, contact the Professional Testing Corporation at (212) 356-0660 for a duplicate copy.

The Scheduling Authorization will indicate how to schedule your examination appointment as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date.

You MUST present your current driver's license, passport, or U.S. military ID at the test center. Temporary, paper driver's licenses are not accepted. The name on your Scheduling Authorization must exactly match the name on your photo I.D. PTC also recommends you bring a paper copy of your Scheduling Authorization and your PSI appointment confirmation with you to the testing center.

After you make your test appointment, PSI will send you a confirmation email with the date, time and location of your exam. Please check this confirmation carefully for the correct date, time and location. Contact PSI at (833) 207-1288 if you do not receive this email confirmation or if there is a mistake with your appointment.

- **It is your responsibility as the candidate to call PSI to schedule the examination appointment.**
- **It is highly recommended that you become familiar with the testing site prior to the test date.**

- **Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.**

INTERNATIONAL TESTING

It may be possible to establish a special testing center to take a paper and pencil examination in your own country for an additional fee of \$100. Complete and return the Request for Special Test Center Form available at www.ptcny.com. Application, fees and Request for International Test Center Form must be received eight weeks before the testing period begins.

Please note that all examinations are administered in English.

SPECIAL NEEDS

AHCB and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. This Form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this Form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

Only those requests made and received on the official Request for Special Needs Accommodations Form (found at www.ptcny.com) will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form.

Information supplied on the Request for Special Accommodations Form will only be used to determine the need for special accommodations and will be kept confidential.

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period, you must contact PSI at (833) 207-1288 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

RESCHEDULING & REFUNDS

There will be no refunds of fees.

Candidates unable to take the examination as scheduled may request a one-time transfer to the next testing period. The transfer request must be made within 30 days after the originally scheduled testing date and submitted with the transfer fee of \$210.00.

If candidates are unable to attend the examination on the date for which they registered and elect not to reschedule to the next testing window, the application will be closed and all fees will be forfeited. There will be no refund of fees.

The transfer fee is based on cost and is not punitive in nature. The transfer fee must be paid at the time the request for rescheduling is submitted. The candidate is responsible for contacting PSI and canceling the original examination appointment, if one had been made.

Exams may only be rescheduled once; please plan carefully.

Both the transfer request and the transfer fee must be received within 30 days after the original examination date for the transfer to be granted. Written requests should be sent to:

AHCB EXAMINATION
Professional Testing Corporation
1350 Broadway – Suite 800
New York, New York 10018

RULES FOR THE EXAMINATION

1. All electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, BlueTooth devices; wearable tech such as smart watches; MP3 players such as iPods, pagers, cameras and voice recorders are not permitted to be used and cannot be taken in the examination room. The test center may have lockers or you may be asked to lock your personal items in your car. For this reason, we suggest that you do not bring personal items with you, other than what is specifically needed for your examination.
2. No papers, books, or reference materials may be taken into nor removed from the testing room.
3. Simple, nonprogrammable calculators are permitted. A calculator is also available on screen if needed.
4. No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.
5. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
6. Bulky clothing, such as sweatshirts (hoodies), jackets, coats and hats, except hats worn for religious reasons, may not be worn while taking the examination.
7. All watches and “Fitbit” type devices cannot be worn during the examination. It is suggested that these items are not brought to the test center.

REPORT OF RESULTS

Candidates will be notified in writing by PTC within approximately four weeks after the testing period has ended 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.

Candidates may request a handscoring of their examination once results are received. A handscore may be performed to verify the accuracy of the computerized grading of the examination as well as confirming that any questions marked as incorrect were not the correct answer. A fee is required by PTC to handscore an exam, this fee is not refundable regardless of the results of the handscoring. All requests for a handscore of the examination should be submitted directly to PTC with the required fee for handscore. The Request for Handscore Form can be found on the PTC website www.ptcny.com.

REEXAMINATION

The Hippotherapy 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. PTC/AHCB will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to PTC.

CONTENT OF EXAMINATION

1. The AHCB Hippotherapy Certification Examination is a computerized examination composed of a maximum of 150 multiple-choice, objective questions with a total testing time of three (3) hours.
2. The content for the examination is described in the Content Outline starting on page 8 and is reflective of basic knowledge.
3. The questions for the examination are solicited from physical therapists, occupational therapists, and speech and language pathologists and assistants. Questions are reviewed and modified as needed to ensure desired accuracy and appropriateness by the AHCB.
4. The AHCB, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The Hippotherapy Certification Examination will be weighted in approximately the following manner:

I. Program Administration	15%
II. Basic Horsemanship	30%
III. Posture and Movement Principles	30%
IV. Hippotherapy Applications	25%

CONTENT OUTLINE

I. Program Administration

- A. Evolution of Hippotherapy as a Treatment Strategy
 - 1. History
 - 2. General Principles
 - 3. Best Practice Statements for the use of Hippotherapy by OT, PT, SLP Professionals
 - a. Treatment Team
 - b. Professionalism
 - c. Safety
 - d. Other
- B. PATH International Program Standards
- C. Selecting and/or Starting a Hippotherapy Facility
 - 1. Facility Suitability and Safety
 - a. Treatment Area
 - b. Stable Area
 - c. Mounting Ramp and Block
 - d. Maintenance
 - 2. Personnel
 - a. Horse Professionals
 - b. Treatment Team
 - c. Barn Staff
 - d. Other
 - 3. Role of Therapist
- D. Clinical Documentation
 - 1. Written Evaluation and Plan of Care
 - 2. Progress Notes
 - 3. Discharge Summary
- E. Record Keeping
 - 1. Patient
 - a. Attendance
 - b. Patient Billing
 - c. CPT Codes
 - d. Occurrence Reports
 - 2. Equine
 - a. Health/Veterinary
 - b. Farrier
 - c. Training
 - d. Use/Schedule for Hippotherapy
 - 3. Releases
- F. Reimbursement Issues
- G. Legal and Ethical
 - 1. Liability
 - a. General
 - b. Professional
 - 2. Contractual Issues

II. Basic Horsemanship

- A. Conformation
 - 1. Characteristics
 - 2. Relationship of Conformation to:
 - a. Soundness
 - b. Movement Quality
 - c. Selection
- B. Horse Psychology and Behavior
 - 1. Temperament and Personality Traits
 - 2. Age and Gender
 - 3. Responses to Environment
 - 4. Communication
 - 5. Causes and Signs of Stress
 - 6. Instinctive and Learned Behaviors
 - 7. Sensory Systems
 - 8. Breed Characteristics
- C. Equine and Stable Management
 - 1. Feeding and Nutrition
 - 2. Basic Health Maintenance
 - a. Turnout and Exercise
 - b. Recognizing Unsoundness
 - 3. Basic First Aid and Vital Signs
 - 4. Hoof Care
 - 5. Grooming
 - 6. Safety
 - 7. Horse Welfare
- 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
- E. Riding Skills – Balanced Seat
 - 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. Emergency Situations
- G. Selecting a Horse for Hippotherapy
 - 1. Temperament and Behavior
 - 2. Movement Quality
- H. Training Requirements for the Hippotherapy Horse
 - 1. Handling
 - 2. Aids
 - 3. Equipment
 - 4. Patient Behavior
 - 5. Side-Walkers
 - 6. Mounts and Dismounts
 - 7. Other

III. Posture and Movement Principles

- A. Human Posture, Balance, Mobility, and Function
 - 1. Neuromotor Systems
 - 2. Musculoskeletal Systems
 - 3. Sensory Systems, including Organization and 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 Factors
 - a. Support Surfaces
 - b. Assistive Devices
 - c. Natural Environment
 - d. Other

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
 - g. 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
 5. Effects of Handling on Horse Movement
 - a. Leading
 - b. Long Lining
 6. Effects of Environment on Movement
 - a. Ground Surface
 - b. Sensory Inputs
 - c. Other
- C. Human/Horse Interaction
 1. Effects of Human on Horse's Movement
 - a. Weight and Distribution
 - b. Position
 - c. Emotions and Behaviors

2. Effect of Biomechanics of Horse's Gait on Human
 - a. Walk
 - b. Trot
3. Sensory Effects of Horse's Movement Qualities and Characteristics
4. Effects of Horse's Movement Variations

IV. Hippotherapy Applications

- A. Indications and Contraindications
 1. Indications
 - a. Diagnoses
 - b. Age Considerations
 - c. Weight Considerations
 - d. Potential for Functional Gains
 2. Precautions and Contraindications
 - a. Medical-Physical
 - b. Behavioral-Emotional
 - c. Sensory Processing
 - d. Cognitive-Communicative
 - e. Pharmacological
 3. Screening Potential Patients
- B. Patient Evaluation (standard therapy evaluation with specific emphasis on the following)
 1. Off the Horse
 - a. Relevant Medical History
 - b. Functional Abilities/Limitations
 1. Gross and Fine Motor
 2. Communicative
 3. Patient/Family Goals
 4. Assistive/Medical Devices
 - c. System Assessment
 1. Neuromuscular
 2. Biomechanical
 3. Sensory Processing
 4. Cardiovascular
 5. Respiratory
 6. Limbic System
 7. Cognition
 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. Goals and Objectives
2. Protocols
 - 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
 1. Patient Response
 2. Safety
 - f. Patient Positioning
 1. Forward Astride
 2. Rear-facing Astride
 3. Alternative Positions
 - g. Mounting and Dismounting Procedures
 - h. Length and Frequency of Hippotherapy Sessions
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

SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

1. Hippotherapy is considered

1. equine assisted activities only.
 2. equine assisted therapy only.
 3. equine assisted activities and equine assisted therapy.
 4. neither equine assisted activities nor equine assisted therapy.
-

2. Which of the following is a sign of stress in a horse?

1. Ewe neck
 2. On the forehand
 3. Tail held high
 4. Pinned ears
-

3. What is the sequence of footfalls for a left lead canter?

1. Left hind, right hind-right fore, left fore
2. Left hind, right hind-left fore, right fore
3. Right hind, left hind-left fore, right fore
4. Right hind, left hind-right fore, left fore

CORRECT ANSWERS TO SAMPLE QUESTIONS

1. 2; 2. 4; 3. 4

REFERENCES

The Following list of primary references identifies the resources used to develop many items on the examination. Primary references include resources that support specific test items. This list is not all inclusive. Use of the references does not guarantee a passing score on the examination.

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

American Hippotherapy Association, Inc. Bibliography. www.americanhippotherapyassociation.org

American Hippotherapy Association, Inc. Level/Part I and II. Course Manuals. Hippotherapy Treatment Principles, (Current Edition). www.americanhippotherapyassociation.org

American Hippotherapy Association, Inc. The Connection Series: Core, Sensory, Horse (Long Lining), Communication, Neuro, Vestibular, Treatment and Business. Course Manuals (Current Editions). www.americanhippotherapyassociation.org

Bundy, A.C., Lane, S.J., and Murray, E.A. (Eds.) (2002). Sensory Integration Theory and Practice. 2nd ed. Philadelphia: F.A. Davis Co.

Harris, S.E. (2016). Horse Gaits, Balance, and Movement – Revised Edition. Nashville, TN: Turner Publishing Company.

Harris, S.E. (2013). The United States Pony Club Manual of Horsemanship: Intermediate Horsemanship (C1-C2 Level) New Jersey: John Wiley & Sons, Inc. (Howell Book House).

Hill, C. (1991). Becoming an Effective Rider. Pownal, VT: Storey Communications Inc.

PATH International, PATH 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, 2011). Motor Control and Learning, 2nd -5th Eds. Champaign, IL: Human Kinetics Publishers.

Shumway-Cook, A. and Woollacott, M. (1995, 2001) Motor Control Theory and Practical Applications. 1-2nd Editions, Baltimore: Williams & Wilkins.

Shumway-Cook, A. and Woollacott, M. (2007, 2012, 2016). Motor Control: Translating Research into Clinical Practice, 3rd-5th Editions. Baltimore: Lippincott Williams & Wilkins.

Umphred, D.A. (Ed.) (2006 or current). Neurological Rehabilitation, St. Louis: Mosby.

American Hippotherapy Certification Board
AHCB Hippotherapy Certification Examination
Testing Agreement

APPLICATION ACCURACY: I certify that all information contained in my Application for the AHCB Hippotherapy Certification 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 been AHCB certified 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 (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 Handbook or 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.

SECURITY 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 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 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 an AHCB 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.

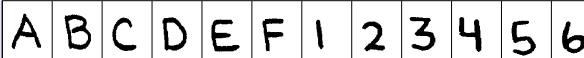
I hereby apply for the AHCB Hippotherapy Certification Examination as offered by AHCB. I understand that registration depends upon meeting all eligibility criteria as well as successful completion of the AHCB Hippotherapy Certification Examination. I understand that information supplied is subject to 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 AHCB Hippotherapy Certification Examination 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 Hippotherapy Certification Examination Testing Agreement and agree to abide by these terms.

Application for AHCB HIPPO THERAPY 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. →



Mr.
 Mrs. First Name Please enter your Name exactly as it appears on a Current Government Issued Photo I.D. Middle Initial
 Ms.
 Dr.

Last Name Suffix (Jr., Sr., etc.)

Home Address - 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.)

Daytime Phone

Testing Period: Spring Fall

CANDIDATE INFORMATION - PART I

A. Have you taken this examination before?

No
 Yes; when and under what name?
 Date: _____
 Name: _____

B. What is your current profession?

- Physical Therapist
- Occupational Therapist
- Speech and Language Pathologist
- Physical Therapy Assistant
- Occupational Therapy Assistant
- Speech and Language Pathology Assistant

C. How many years have you been practicing your profession?

- One year or less
- 2 to 3 years
- 4 to 6 years
- 7 to 9 years
- 10 or more years

D. Are you a member of AHA?

- No Yes

E. Are you a member of PATH International?

- No Yes

F. How many years have you been practicing hippotherapy?

- One year or less
- 2 to 3 years
- 4 to 6 years
- 7 to 9 years
- 10 or more years

G. Approximately how many hours per week do you practice hippotherapy?

- One hour or less
- 2 to 5 hours
- 6 to 10 hours
- 11 to 15 hours
- 16 to 24 hours
- More than 24 hours

H. What is the highest academic level completed?

- Associate Degree
- Bachelor's
- Master's
- Doctoral
- Other

(Continue on page 2)



Application for AHCB HIPPO THERAPY CERTIFICATION EXAMINATION

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

F. Reason for taking examination?

- Preparation for seeking employment in hippotherapy
- Preparation for seeking a new position in hippotherapy
- Required by current employer
- To qualify for a higher position or salary increase
- Personal choice/professional pride
- To meet PATH International requirements
- Other: _____

G. Are you currently, or have you ever been, certified in Hippotherapy by AHCB?

- Never certified
- Currently certified

Month/Year current certification expires:

--	--

 /

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Month Year

Certificate Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Previously certified but certification lapsed; applying for recertification

Month/Year certification lapsed:

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 /

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Certificate Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

Race

- African American
- Asian
- Caucasian
- Hispanic
- Native American
- Other

Age Range:

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

Gender:

- Male
- Female

CANDIDATE INFORMATION - PART II

- A. Enclose photocopy of current license or certification for the practice as a therapist or assistant in the fields 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. Enclose photocopy of AHA Inc. Level/Part I and II course certificates.
- D. Sign (and obtain, where required, the appropriate signatures) for the following statements:

1. **STATEMENT OF PROFESSIONAL PRACTICE EXPERIENCE:** I certify that I have at least one year of full time or the equivalent (2,000 hours) experience in the practice of physical therapy, occupational therapy, or speech and language pathology.

CANDIDATE SIGNATURE: _____ DATE: _____

(Continue on page 3)



Application for AHCB HIPPO THERAPY CERTIFICATION EXAMINATION

CANDIDATE INFORMATION - PART II (continued)

2. **STATEMENT OF HIPPO THERAPY EXPERIENCE:** I certify that I have a minimum of 25 hours of direct patient treatment using hippotherapy in addition to completing AHA Inc. Level/Part I and II courses or equivalent graduate level courses.

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
- b. mount and dismount
- c. ride safely with control at a walk or trot
- 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

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.

CREDIT CARD PAYMENT *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: \$ [] [] [] [] [] []

Expiration date (month/year): [] [] / [] [] [] []

Card type: Visa MasterCard American Express

Card Number: []

SIGNATURE: _____

FOR OFFICE USE ONLY

Date

Fee: [] [] [] [] [] []

CC Check

[] [] [] [] [] []

