CERTIFICATION EXAMINATIONS
FOR
EQUINE INTERACTION PROFESSIONALS
(MENTAL HEALTH AND EDUCATION)

Handbook for Candidates

SPRING 2017 TESTING PERIOD
Application Deadline: May 1, 2017
First Day of Testing: Saturday, June 3, 2017
Last Day of Testing: Saturday, June 17, 2017

FALL 2017 TESTING PERIOD
Application Deadline: September 15, 2017
First Day of Testing: Saturday, October 21, 2017
Last Day of Testing: Saturday, November 4, 2017
VISION

Promote professional credibility and achieve public confidence in the transformative value of equine-human interaction.

MISSION

The mission of the Certification Board for Equine Interaction Professionals is to acknowledge the professional identity, integrity, and excellence of equine interaction professionals by offering the most comprehensive and independent certification ensuring safety and value to and for qualified educators, mental health counselors, psychotherapists, and Equine colleagues.

VALUES

♦ Integrity
♦ Compassion
♦ Excellence
♦ Respect
♦ Collaboration
This handbook contains necessary information about the Certification Examinations for Equine Interaction Professionals (CBEIP). Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This handbook is subject to change.
PURPOSES OF CERTIFICATION

The Certification Board for Equine Interaction Professionals promotes the concept of voluntary certification by examination for those who incorporate equines into their mental health or education practice. Certification is just one part of a process called “credentialing” and focuses specifically on the individual and is one indication of current competence in the specialized field. Certification of equine interaction mental health and education professionals provides formal recognition of basic knowledge in this field.

REASONS FOR CERTIFICATION

1. To provide documented evidence that you have been examined by an independent professional certifying organization and found to possess a certain level of basic knowledge about the specialized field of equine interaction mental health or education.

2. To establish a level of knowledge required for certification of equine interaction mental health or education professionals.

3. To provide encouragement for continued personal and professional growth in the field.

4. To provide a standard of knowledge requisite for certification; thereby assisting clients, students, the public, and members of the profession in assessment of equine interaction mental health or education professionals.

5. To provide a direction and focus for new professionals in the field seeking to increase their knowledge and skill levels.

6. To protect the public.

7. To increase the credibility of the field of equine interaction education and learning.

ELIGIBILITY REQUIREMENTS

ELIGIBILITY FOR CERTIFIED EQUINE INTERACTION PROFESSIONAL IN MENTAL HEALTH

Candidates qualify by submitting documentation in each required category below:

1. License: Submit a copy of degree or license, as applicable, to legally practice.

2. Experience: Three years of professional service or full time equivalent in the field of mental health services. Include all hours involved in providing services (face to face work with clients, supervision, planning, meetings, evaluation, paperwork, etc. involved in providing services). Hours required for licensure in the state where you practice could be included.

3. Equine Interaction Client Work: 1,000 hours of equine interaction client work.

4. Equine Interaction Training/Education: Candidates must have completed training in the following three areas with minimum hours indicated (100 hours total):
   - Equine behavior: 20 hours
   - Direct facilitation training: 40 hours
   - Equine interaction conference, workshop, or method training: 40 hours
Application Checklist – Submit the following to apply for the CEIP-Mental Health Examination:

1. Application packet
2. Resume or curriculum vitae
3. Copy of current license and/or appropriate certification
4. Documentation of delivery of mental health services incorporating horses
5. Documentation of 100 clock hours of EMH/L related education
6. Appropriate fee

ELIGIBILITY FOR CERTIFIED EQUINE INTERACTION PROFESSIONAL IN EDUCATION

Candidates qualify by submitting documentation in each required category below:

1. License: Submit a copy of Bachelor’s Degree (or higher degree) in education, human services, or in related fields (additional areas for consideration are: management and staff development, leadership studies, outdoor experiential education, faith based education, expressive arts education) OR copy of certification from a nationally recognized coaching institute.

2. Experience: Three (3) years of professional experience or full time equivalent in the fields of education, adult education, management and staff development, outdoor experiential education, faith based education, expressive arts education, or coaching.

3. Equine Interaction Client Work: 1,000 hours of equine interaction client work

4. Equine Interaction Training/Education: Candidates must have completed training in the following three areas with minimum hours indicated (100 hours total):
   - Equine behavior: 20 hours
   - Direct facilitation training: 40 hours
   - Equine interaction conference, workshop, or method training: 40 hours

Application Checklist – Submit the following to apply for the CEIP-Education Examination

1. Application packet
2. Resume or curriculum vitae
3. Copy of current degree or coaching certification
4. Documentation of delivery of learning services incorporating horses
5. Documentation of 100 clock hours of EMH/L related education
6. Appropriate fee
**COMPLETION OF APPLICATION**

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated. The Application consists of three (3) pages.

**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.

**CANDIDATE INFORMATION:** Starting at the top of the Application, print your name, address, daytime phone number, evening phone number, e-mail address, employer, and current medical/clinical license in the appropriate row of empty boxes.

**ELIGIBILITY AND 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 SIGNATURE:** When you have completed all required information, sign and date the Application in the space provided.

**PAGE 3:** Complete the requested information and sign at the bottom of the page.

Mail the Application with the appropriate fee (see FEES below) in time to be received by the deadline shown on the cover of this Handbook to:

Certification Board for Equine Interaction Professionals
711 West Whipple Road
Flagstaff, AZ 86001

**ADMINISTRATION**

The Certification Program is sponsored by the Certification Board for Equine Interaction Professionals (CBEIP). The Certification Examinations for Certified Equine Interaction Professionals (CEIP) are administered by the Professional Testing Corporation (PTC), 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com. Questions concerning the examinations should be referred to PTC.

**ATTAINMENT OF CERTIFICATION**

Candidates who meet the application criteria and pass the exam will be granted status as a Certified Equine Interaction Professional - Mental Health (MH) or a Certified Equine Interaction Professional – Education (ED). They are eligible to use the registered designation “CEIP-MH” or “CEIP-ED” after their names and will receive proof of certification from the CBEIP. A registry of all CEIPs will be maintained by the CBEIP and certificants may be referenced in its publications.

Certification as a CEIP is in effect for a period of three (3) years at which time the candidate shall either meet the current continuing education requirements or retake and pass the current examination.
RECERTIFICATION

To maintain the Certified Equine Interaction Professional designation, mental health and education professionals are required to recertify every three years.

- Spring exam candidates are to submit recertification applications postmarked on or before July 31 of the third year after initial certification or the third year after recertification.

- Fall exam candidates are to submit recertification applications postmarked on or before December 31 of the third year after initial certification or the third year after recertification.

CBEIP will send recertification information and application materials to candidates six months prior to the deadline.

If you are beginning your recertification application late, or are concerned you might be late, contact the Certification Board for Equine Interaction Professionals, 711 West Whipple Road, Flagstaff, AZ 86001, info@cbeip.org. Please note that if certification has already lapsed you may become certified again by completing the full certification process.

The Certification Board for Equine Interaction Professionals recognizes that extraordinary circumstances may result in a CEIP’s inability to complete the recertification requirements within the designated time period. At such time, the CEIP must submit a written request for an extension stating the nature of their circumstances. Such requests will be reviewed on a case-by-case basis and the CEIP will be notified of the decision within 30 days of the receipt of their request. All or part of the appropriate late fee may be assessed.

Methods for Recertification

There are two methods for recertification:

1) Through continuing education
2) Through recertification

Recertification Through Continuing Education

In order to recertify through continuing education you must accumulate 30 continuing education units (CEUs) during your certification period. One continuing education equals one hour of completed education. Your certification period is the three-year period beginning on the date of certification. Note that CEUs in excess of 30 will not be carried over into a new certification period.

You can accumulate CEUs through the following activities:

- Attendance at workshops, seminars, and conferences
- Teaching/presenting at workshops, seminars, and conferences
- Completion of online/telecourse programs
- Completion of college courses

Documentation of CEUs must include:

- verification of attendance
- description of event
- description of trainer’s qualifications
The continuing education hours must meet the following criteria:

- 10 CEUs must be in the area of equine studies: equine behavior, management, care, training, etc. (designated as Category "E").
- 10 CEUs must be in the area of practice: i.e., continuing education programs in education practice for CEIP-ED or mental health practice for CEIP-MH (designated as Category "P").
- 10 CEUs must be in the area of equine interaction (designated as Category "I").

Complete and submit the recertification packet (including a signed Code of Ethics) with the renewal fee of $150.

The CBEIP does not endorse any specific instructor, school, or commercial entities, nor does it make any representation, warranty or guarantee as to any participant's satisfaction with any of the included events. CBEIP expressly disclaims liability for damages of any kind arising from participation.

Recertification Through Examination

To recertify by re-examination, submit the application packet, pay all fees and arrange to take the exam (as if it is the first time you are seeking certification). Please note that you will not use the recertification packet.

REVOCAION OF CERTIFICATION

Certification will be revoked for any of the following reasons:

1. Falsification of information in an application.
2. Breach of ethical standards of professional practice.

If an individual wishes to challenge revocation of board certification they may do so by addressing the CBEIP Appeals Committee in writing.

FEES

Please note: Fees are NOT refundable.

Application Fee for the Certification Examinations for Equine Facilitated Interaction Professionals: .......... $300.00

Recertification via Examination Fee: ................................................................. 300.00

Recertification via Continuing Education Fee: .............................................. 150.00

A candidate who applies to take the examination but then wishes to take it during a different testing period may be granted a one-time deferment to the immediate next testing period if the candidates requests the deferment in writing and submits the transfer fee of $205 to the CBEIP. Only one deferment will be permitted. The candidate is responsible for contacting PSI and canceling the examination appointment, if one has been made.

Payment

MAKE CHECK OR MONEY ORDER PAYABLE TO: Certification Board for Equine Interaction Professionals

Visa, MasterCard, and American Express are also accepted. Please complete the Credit Card Payment section on the Application. DO NOT SEND CASH.
EXAMINATION ADMINISTRATION

The examination is administered 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 after candidates receive their Scheduling Authorization. To find a testing center near you please visit: http://www.ptcny.com/cbt/sites.htm or call PSI at (800) 733-9267. You will not be able to schedule your examination appointment until you have received a Scheduling Authorization email from notices@ptcny.com.

ONLINE TUTORIAL

A testing tutorial document can be viewed, free of charge, online. Please visit www.ptcny.com/cbt/demo.htm. This document can give you an idea about the features of online testing.

SCHEDULING YOUR EXAMINATION APPOINTMENT

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. 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. Scheduling Authorization emails may be misdirected to a spam or junk mail folder. Please add notices@ptcny.com to your contacts or email safe sender list.

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.

Your current government-issued photo identification, such as a driver’s license or passport, must be presented in order to gain admission to the testing center. 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 (800) 733-9267 if you do not receive this email confirmation or if there is a mistake with your appointment.

• It is your responsibility as the candidates to contact PTC if you have not received your Scheduling Authorization at least three weeks prior to the start of the testing period.

• 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.

• 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.


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 (800) 733-9267 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

PSI does not have the authority to authorize refunds or transfers to another testing period. Please see the Fees section on page 6 for more information on moving your exam to a new testing period.

SPECIAL NEEDS

CBEIP 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.

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.

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 technology 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.

2. No books or reference materials may be taken into or removed from the examination room.

3. No questions concerning content of the examination may be asked during the testing period. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.

4. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.

REPORT OF RESULTS

Candidates will be notified in writing by PTC within four weeks of the close of the testing period 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 Certification Board for Equine Interaction Professionals.

REEXAMINATION

The Certification Examinations for Equine Interaction Professionals 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 Certification Board for Equine Interaction Professionals will release the individual test scores ONLY to the individual candidate.

2. Any questions concerning test results should be referred to the Certification Board for Equine Interaction Professionals or the Professional Testing Corporation.

CONTENT OF EXAMINATION

1. The Certification Examinations for Equine Interaction Professionals are computer-based examinations composed of a maximum of 150 multiple choice, objective questions with a total testing time of three (3) hours.

2. The content for the examinations is described in the Content Outlines starting on page 10.

3. The questions for the examinations are obtained from individuals with expertise in equine interaction (from mental health professionals for the mental health examination and from education professionals for the education examination). They are reviewed for construction, accuracy, and appropriateness by the Certification Board for Equine Interaction Professionals.

4. The Certification Board for Equine Interaction Professionals, with the advice and assistance of the Professional Testing Corporation, prepares the examinations.

5. The Certification Examinations for Equine Interaction Professionals will be weighted in approximately the following manner:

   I. Assessment, Evaluation, and Planning..................25%
   II. Facilitator Skills........................................60%
   III. Administration and Risk Management ...............15%

SCORING PROCEDURE

Prior to administration of the examinations, representatives from the Certification Board for Equine Interaction Professionals and the Professional Testing Corporation meet to review all test items for accuracy. At this meeting, the passing score for the examinations are set using recognized psychometric methods. The passing score represents the number of test items determined necessary for the candidate to answer correctly to be considered as having minimal basic knowledge of the equine interaction profession.

In order to protect the security and integrity of the certification examinations, neither the Certification Board for Equine Interaction Professionals nor the Professional Testing Corporation will release examination items, candidate responses, or keys to any candidate or agency.
CONTENT OUTLINES

CONTENT OUTLINE – MENTAL HEALTH

I. ASSESSMENT, EVALUATION, AND PLANNING

A. Assessment of facility
   1. Compliance with current professional standards
   2. Laws related to client confidentiality
   3. Therapeutic environment
   4. Participant privacy
   5. Facility practices

B. Assessment of clients
   1. Initial intake process
      a. Client appropriateness for equine interaction services
      b. Contraindications and precautions
      c. Assessment of risk to self and others
      d. Functional capacity and relevant domains
         i. Cognitive
         ii. Emotional
         iii. Physical
         iv. Spiritual
   2. Client informed consent
   3. Disclosure of inherent risks
   4. Gathering of psychological, social, medical history
   5. Documentation of client goals
   6. Limits of confidentiality (mandated reporting)

C. Development and writing of treatment plan
   1. Design session/activities
   2. Match interactions to client goals
   3. Level and number of support staff needed
   4. Appropriateness of volunteer support
   5. Consult with other experts, such as an equine professional

D. Implementation of treatment plan
   1. Adaptation of session design to immediate circumstances
   2. Debrief session with client

E. Post session evaluation and review
   1. Relate equine interactions to treatment plan
   2. Discuss results with team members
   3. Document session/measure progress
   4. Coordinate with external service providers/referents
   5. Facilitate closure with client
II. FACILITATOR SKILLS

A. Interpersonal relationship skills
   1. Basic counseling skills and theories
   2. Respecting boundaries
   3. Impact of session on the client
   4. Recognizing therapeutic moments

B. Equine knowledge and skills
   1. Equine ethology
      a. Equine physiology
      b. Equine psychology
      c. Equine communication and herd dynamics
      d. Equine/human bond
   2. Interpretation of equine behavior with clients
      a. Use of metaphor and analogy
      b. Projection between equine and human
      c. Recognizing equine stressors
   3. Equine training and handling
      a. Training
      b. Consistency
      c. Physical needs
      d. Equine health and behavior histories
      e. Basic equine care and maintenance
      f. Basic equine knowledge
      g. Impact of session on equine(s)

C. Safety protocols/Risk management
   1. Safe behavior of humans around equines
   2. CPR/First Aid skills
   3. Safety resources
   4. Intervention techniques
   5. Written emergency plan

D. Ethical Considerations
   1. Equines
   2. Humans
      a. Professional and personal development
      b. Awareness of limits and skills
   3. Code of Ethics - CBEIP

E. Collaboration with therapeutic team
III. ADMINISTRATION AND RISK MANAGEMENT

A. Documentation
   1. Releases
   2. Crisis plans
   3. OSHA
   4. ADA
   5. Emergency management plans
   6. Accreditation
   7. Policies and procedures

B. Confidentiality and privacy
   1. Interns, volunteers, and paraprofessionals
   2. Public relations, media, and marketing issues (i.e. use of photos)
   3. Visitor protocols
   4. HIPAA

C. Insurance compliance
   1. General and professional liability issues
   2. Equine liability laws

D. Business and personnel management
I. ASSESSMENT, EVALUATION, AND PLANNING

A. Assessment of facility
   1. Compliance with standards
   2. Laws related to participant confidentiality
   3. Industry compliance standards
   4. Educational environment
   5. Participant privacy
   6. Facility practices

B. Assessment of participants
   1. Initial intake process
      a. Participant appropriateness for equine interaction services
      b. Contraindications and precautions
      c. Assessment of risk to self and others
      d. Functional capacity and relevant domains
         i. Cognitive
         ii. Emotional
         iii. Physical
         iv. Spiritual
   2. Parameters for experiential education
   3. Disclosure of inherent risks
   4. Gathering of medical history, individualized education plan (IEP), etc.
   5. Documentation of participant goals
   6. Limits of confidentiality (mandated reporting)

C. Development and writing of participant education plan
   1. Design session/activities
   2. Match interactions to participant goals
   3. Level and number of support staff needed
   4. Appropriateness of volunteer support
   5. Consult with other professionals

D. Implementation of education plan, goals, and objectives
   1. Consult with staff regarding equine interactions
   2. Adapt session design to immediate circumstances
   3. Debrief session with participant

E. Post session evaluation and review
   1. Relate equine interactions to participant education plan, goals, and objectives
   2. Discuss results with team members
   3. Document session/measure progress
   4. Coordinate with stakeholders/referents
   5. Facilitate closure with participants
II. FACILITATOR SKILLS

A. Interpersonal relationship skills
   1. Respecting boundaries
   2. Impact of session on the participant
   3. Recognizing educational moments

B. Equine skills
   1. Equine ethology
      a. Equine physiology
      b. Equine psychology
      c. Equine communication and herd dynamics
   2. Interpretation of equine behavior with participants
      a. Use of metaphor and analogy
      b. Projection between equine and human
      c. Recognizing equine stressors
   3. Equine handling
      a. Training
      b. Physical needs
      c. Basic equine care and maintenance
      d. Basic equine knowledge
      e. Impact of session on equine(s)

C. Safety protocols/Risk management
   1. Safe behavior of humans around equines
   2. CPR/First Aid skills
   3. Safety resources
   4. Intervention techniques
   5. Written emergency plan

D. Knowledge of existing industry standards and ethics
   1. Equine
   2. Humans
      a. Professional and personal development
      b. Awareness of limits and skills
   3. Code of Ethics - CBEIP

E. Collaboration with education team
III. ADMINISTRATION AND RISK MANAGEMENT

A. Documentation
   1. Releases
   2. Crisis plans
   3. OSHA
   4. ADA
   5. Emergency management plans
   6. Accreditation
   7. Policies and procedures

B. Confidentiality and privacy
   1. Interns, volunteers, and paraprofessionals
   2. Public relations, media, and marketing issues (i.e. use of photos)
   3. Visitor protocols
   4. HIPAA

C. Insurance compliance
   1. General and professional liability issues
   2. Equine liability laws

D. Business and personnel management
SAMPLE QUESTIONS

In the following questions, choose the one best answer.

1. When approaching an equine for the first time, it is usually best to touch it on the
   1. face. 
   2. flank. 
   3. neck/shoulder. 
   4. barrel/stomach.

2. When first startled, an equine’s natural reaction is to
   1. run. 
   2. kick. 
   3. faint. 
   4. freeze.

3. Which of the following is the best way a new behavior can be learned?
   1. Ask for help from others
   2. Practice the new behavior
   3. Write down everything about the new behavior
   4. Practice the old behavior in order to better understand it

4. How many beats are in a walk?
   1. 2
   2. 3
   3. 4
   4. 5

CORRECT ANSWERS TO SAMPLE QUESTIONS
1. 3; 2. 1; 3. 2; 4. 3
REFERENCES

The following references may be of some help in preparing for the examinations. The list does not attempt to include all acceptable references, nor is it suggested that the Certification Examinations for Equine Interaction Professionals are based entirely on these references. In some cases, individual experiences are the best reference.


**Application for Certification Examinations for Equine Interaction Professionals (Mental Health and Education)**

**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See examples provided.

<table>
<thead>
<tr>
<th>Correct:</th>
<th>Incorrect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ABC]</td>
<td>[123]</td>
</tr>
</tbody>
</table>

**Candidate Information**

- **Mr.**
- **Mrs.**
- **Ms.**
- **Dr.**
- **First Name**
- **Middle Initial**
- **Last Name**
- **Suffix (Jr., Sr., etc.)**
- **Number and Street**
- **Apartment Number**
- **City**
- **State/Province**
- **Zip/Postal Code**
- **Daytime Phone**
- **Evening Phone**
- **Email Address**

**Examination**

**A. FOR WHICH EXAMINATION ARE YOU APPLYING?**

- [ ] CEIP - Mental Health
- [ ] CEIP- Education

**B. HAVE YOU TAKEN THIS EXAMINATION BEFORE?**

- [ ] No
- [ ] Yes

If yes, indicate month, year, and name under which the examination was taken.

- **Date (month/year):**

- **Name:**

**Eligibility and Background Information**

- **D. CURRENT PROFESSION**
  - [ ] Drug and Alcohol Counselor
  - [ ] Pastoral Counselor
  - [ ] Mental Health Counselor
  - [ ] Special Education
  - [ ] Primary School Teacher
  - [ ] Secondary School Teacher
  - [ ] Clinical Social Worker
  - [ ] Coaching
  - [ ] Psychiatric Nurse
  - [ ] Vocational Teacher
  - [ ] Psychologist
  - [ ] College Professor
  - [ ] Psychiatrist
  - [ ] Other (please describe)

- **E. ARE YOU MEMBER OF PATH?**
  - [ ] No
  - [ ] Yes

- **F. ARE YOU A MEMBER OF EGEA?**
  - [ ] No
  - [ ] Yes

- **G. ARE YOU A MEMBER OF EAGALA?**
  - [ ] No
  - [ ] Yes

- **H. HIGHEST ACADEMIC LEVEL ACHIEVED:**
  - [ ] Bachelor's Degree
  - [ ] Master's Degree
  - [ ] Doctorate

(Continue on page 2)
Application for Certification Examinations for Equine Interaction Professionals
(Mental Health and Education)

Eligibility and Background Information

I. YEARS OF PRACTICE WITH EQUINES:
   - 3 - 5 years
   - 6 - 10 years
   - More than 10 years

J. HOURS PER WEEK OF PRACTICE OR TEACHING WITH EQUINES:
   - 0 - 1 hour/week
   - 2 - 5 hours/week
   - 6 - 10 hours/week
   - 11 - 15 hours/week
   - 16 - 24 hours/week
   - More than 24 hours/week

K. PRIMARY CLIENT/STUDENT POPULATION YOU WORK WITH:
   - Children
   - Adolescents
   - Adults
   - Families

L. PRIMARY CLIENT/STUDENT POPULATION TYPE:
   - Corporate
   - At Risk
   - Wellness
   - Developmentally Delayed
   - Schools
   - Hospitals
   - Corrections
   - Other

M. HOURS OF COURSES/ TRAINING IN THE LAST THREE YEARS:
   - Total Education/Training Hours from Page 3
     - Enter whole numbers only

N. NUMBER OF HOURS OF EXPERIENCE:
   - Total Experience Hours from Page 3
     - Enter whole numbers only
   - Equine Related Experience Hours from Page 3
     - Enter whole numbers only

O. HAVE YOU EVER CARED FOR YOUR OWN HORSE?
   - No
   - Yes

P. HAVE YOU EVER RECEIVED FORMAL RIDING INSTRUCTION?
   - No
   - Yes

Q. DO YOU HAVE ANY RECOGNIZED RIDING INSTRUCTION CREDENTIALS?
   - No
   - Yes
   - If yes, what are they?

R. HAS YOUR LICENSE OR TEACHING CERTIFICATE EVER BEEN REVOKED OR RESCINDED?
   - No
   - Yes
   - If yes, please attach an explanatory statement.

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 recertification.

Race:  
- African American
- Native American
- Other
- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+
- Female
- Male

Gender:

Age Range:

Candidate Signature (Please fill all three pages of this application before signing below)

I have read the Handbook for Candidates and understand I am responsible for knowing it's contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.

CANDIDATE SIGNATURE: __________________________ DATE: __________________

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: __________________________
Please fill these tables and sign at the bottom of the page.

**Education/Courses/Training Table:** List education/training in the field of equine interaction mental health or education, the date you took the course/training and number of hours.  
(Please refer to the Handbook for Candidates for minimum requirements)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Courses/Training</th>
<th>Hours</th>
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**Experience Table:** List the experience you have obtained. Enter dates, name of facilities and number of hours worked.  
(Please refer to the Handbook for Candidates for minimum requirements)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Facilities</th>
<th>Equine-Related Hours</th>
<th>Total Hours</th>
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</table>

**Total**

I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.

Candidate Signature: __________________________________________ Date: ________________

Print name: __________________________________________ Applying for:  

[ ] CEIP-MH  [ ] CEIP-ED

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