



## Application for Certification for Equine Interaction Professionals – Education

### Candidate Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Have you taken this Certification before? YES  NO

If yes, please provide:

Date exam was taken (month/year) \_\_\_\_\_

Name exam was taken under \_\_\_\_\_

Have you ever been Certified by CBEIP before? YES  NO

If yes, please provide:

Certificate number and expiration date: \_\_\_\_\_ YES  NO

### Eligibility and Background Information

What is your current profession?

\_\_\_\_\_

Please list your professional memberships/affiliations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Highest Academic Level Achieved:**

High School \_\_\_\_\_

Bachelor's Degree \_\_\_\_\_

Master's Degree \_\_\_\_\_

Doctorate \_\_\_\_\_

**Years of practice with equines:**

3-5 years \_\_\_\_\_ 6-10 years \_\_\_\_\_ More than 10 years \_\_\_\_\_

**Hours per week of practice or teaching with equines:**

0-1 hours per week \_\_\_\_\_

2-5 hours per week \_\_\_\_\_

6-10 hours per week \_\_\_\_\_

11-15 hours per week \_\_\_\_\_

16-24 hours per week \_\_\_\_\_

Over 24 hours per week \_\_\_\_\_

**Primary Client/Student population you work with?**

\_\_\_\_\_  
\_\_\_\_\_

**Primary Client/Student population type? (ie. Corporate, At risk, Schools, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**Hours of Courses/Training:**

*(Total Education/Training hours from worksheet)* \_\_\_\_\_

**Number of Hours of Experience:**

*(Total of Professional Experience Hours from worksheet)* \_\_\_\_\_

**Equine Interaction Client Hours:**

*(Delivery of Equine Interaction services from worksheet)* \_\_\_\_\_

**Horse Experience/Information**

Do you own your own horse(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of horses? \_\_\_\_\_

Do you or have you ever cared for your own horse(s) Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received formal riding or groundwork instruction? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any recognized riding instructor credentials? (if yes, what are they?)      Yes\_\_\_\_\_ No\_\_\_\_\_

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Has your license, teaching, coaching certificate or other professional credentials ever been revoked or rescinded? (if yes, please attach an explanatory statement)

Yes \_\_\_\_\_ No\_\_

### Disclaimer and Candidate Signature

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Next Steps

Email completed application to [info@cbeip.org](mailto:info@cbeip.org). Note that an incomplete application packet may cause a delay in your certification. Application packet must be received by the submission dates of March 30, June 30 and September 30

Certification fee of \$325.00 is paid on line; <https://www.cbeip.org/check-out/>

## CEIP TRAINING AND TEACHING HOURS LOG

### DIRECT FACILITATION IN EQUINE INTERACTIVE WORK (MINIMUM 40 HOURS)

Date	Training/Course	Presenter/Organizer	Hours
<b>Total Hours</b>			

### ATTENDANCE AT EQUINE INTERACTIVE CONFERENCE, WORKSHOP OR METHOD TRAINING (MINIMUM 40 HOURS)

Date	Training/Course	Presenter/Organizer	Hours
<b>Total Hours</b>			

### FORMAL TRAINING IN EQUINE BEHAVIOR/HORSEMANSHIP (MINIMUM 40 HOURS)

Date	Training/Course	Presenter/Organizer	Hours
<b>Total Hours</b>			

### PROFESSIONAL EXPERIENCE (MINIMUM 3 YEARS OF PROFESSIONAL SERVICE – FULL TIME EQUIVILANT)

Date	Training/Course	Presenter/Organizer	Hours

			<b>Total Hours</b>

<b>DELIVERY OF EQUINE INTERACTIVE CLIENT SERVICES (MINIMUM 1000 HOURS)</b>			
Date	Training/Course	Presenter/Organizer	Hours
			<b>Total Hours</b>

<p>I certify that the information given in this application is in accordance with Handbook instructions and is accurate, correct and complete.</p>	
<p><b>Candidate Signature:</b></p>	<p><b>Date:</b></p>