



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 Country

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_____

Has your license, teaching, coaching certificate or other professional credentials ever been revoked or rescinded?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. 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
Total Hours			

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

Date	Training/Course	Presenter/Organizer	Hours
Total Hours			

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

Date	Training/Course	Presenter/Organizer	Hours
Total Hours			

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

Date	Training/Course	Presenter/Organizer	Hours

			Total Hours

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

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