



## Application for Certification for Equine Interaction Professionals – Mental Health

### 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: \_\_\_\_\_

### Eligibility and Background Information

#### What is your current profession?

- Mental Health Counselor
- Clinical Social Worker
- Marriage & Family Therapist
- Psychologist
- Psychiatrist
- Psychiatric Mental Health Nurse Practitioner
- Other \_\_\_\_\_

#### List your professional memberships:

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

**Highest academic level achieved:**

- Bachelor's Degree    Master's Degree    CAGS    Doctorate

**Years of practice with equines:**

- 3-5 yrs    6-10 yrs    More than 10 years

**Hours per week of therapy practice incorporating 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 population:**

- Children    Adolescents    Adults    Families    Other \_\_\_\_\_

**Primary client challenges:**

- Trauma    Addiction / Substance Use    Neuropsychiatric Disorders (ASD, ADHD etc.)  
 Anxiety    Depression    Developmental / Intellectual Delay    Other \_\_\_\_\_

**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 credentials in equine behavior, care and management, or riding?

Yes  No (If yes, what are they?)

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Has your license or other professional credentials ever been revoked or rescinded?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 PROFESSIONAL EXPERIENCE HOURS**

**DIRECT FACILITATION IN EQUINE INTERACTIVE WORK  
MINIMUM 40 HOURS - ATTACH PROOF OF TRAINING**

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

**ATTENDANCE AT EQUINE INTERACTION CONFERENCE, WORKSHOP OR METHOD TRAINING  
MINIMUM 40 HOURS - ATTACH PROOF OF ATTENDANCE**

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

**FORMAL TRAINING IN EQUINE BEHAVIOR / HORSEMANSHIP  
MINIMUM 40 HOURS - ATTACH PROOF OF TRAINING**

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

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

Date	Training/Course	Presenter/Organizer	Hours

			<b>Total Hours</b>

<b>DELIVERY OF EQUINE INTERACTIVE CLIENT SERVICES MINIMUM 300 HOURS</b>			
Date	Training/Course	Presenter/Organizer	Hours
			<b>Total Hours</b>

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