

Certification Board for Equine Interaction Professionals

Recertification Policy

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 CBEIP Administrator, 1350 Broadway, 17th Floor, New York, NY 10018, 212-356-0682, info@cbeip.org.

METHODS FOR RECERTIFICATION

There are two methods to accomplish recertification:

- 1) Through Continuing Education.
- 2) Through Re-examination.

RECERTIFICATION THROUGH CONTINUING EDUCATION

- Accumulate 30 continuing education units (CEUs) during the certification period.
 - One continuing education unit consists of one hour of completed education.
 - The certification period is the three-year period beginning on the date of initial certification or the date of a subsequent recertification. Note that CEUs in excess of 30 will not be carried over into a new certification period.
 - CEU Categories:
The education hours must meet the following criteria:
 - 10 must be in the area of equine studies: equine behavior, management, care, training, etc. (Designated as Category "E").
 - 10 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 must be in the area of equine interaction with clients for the CEIP-MH or with students for the CEIP-ED (Designated as Category "I").
- Complete the Recertification form (to be found on www.cbeip.org), which includes signing the CBEIP Code of Ethics
- Submit documentation of CEUs. (See below).
- Submit examination question(s) – Optional
- Submit the Renewal Fee of \$150

RECERTIFICATION THROUGH EXAMINATION

To recertify by re-examination, arrange to take the exam, paying all fees and re-submitting all application forms including the references, and a signed Code of Ethics:

- In order to avoid a lapse in certification, arrange to take the exam, paying all fees and re-submitting all exam application forms in time for a testing date before the recertification deadline. In other words, if the certification expires December 2012, redo the full certification process and pass the exam at or before the fall 2012 testing date. See Re-testing Information at cbeip.com for further details and links to the test application booklet.
- If certification has already lapsed you may become certified again by completing the full certification process.

CONTINUING EDUCATION UNITS (CEUs)

CEUs are earned through continuing education related to the test content outline. The following are examples of activities that may earn CEUs when these activities are directly related to the CPDT test content outline:

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

SUMMARY TABLE CEU ALLOWANCES and CEILINGS

ACTIVITY CATEGORY	CBEIP CREDIT ALLOWANCES	CEILING LIMITS (3 YR PERIOD)	REQUIRED DOCUMENTATION
CEUs for programs			
Workshops, seminars, conference presentations related to the test content outline	1 CEU for each hour	None	Verification of attendance, description of content, trainer's credentials (a program brochure generally has this information)
Teaching/presenting at workshops, seminars, conferences related to the test content	Multiply the allowances in the above category by a factor of 2. Two CEUs for each hour of presentation. <i>Repeat presentations of the same program will not receive additional CEUs.</i>	None	Verification of teaching/presenting, such as a copy of the program or letter of acknowledgement.
Completion of on line courses related to the test content.	1 CEU for each hour allowed for the course.	5 CEUs per year.	Verification of completion, a description of content, credentials of the training organization.
College courses related to the test content. These can include (but are not limited to): psychology/behavioral science; animal behavior; learning theory; experimental psychology, business management, etc.	1 CEU per semester credit (a semester class earning 5 credits would receive 5 CEUs. Multiply credits from a quarter system school by .67 to obtain semester equivalent)	10 CEUs per year	Syllabus and a copy of the grade certificate or Official Transcript.

Additional comments, restrictions, requirements:

- The maximum number of CEUs obtainable from one source or activity is 20. Conferences and seminars with multiple, independent presenters (such as annual conferences presented by EGEA, NARHA, EAGALA, Epona, NASW, APA, AMHCA, etc, are not limited to 20. For example: a 5-day workshop given by one person or training entity with 32 actual instruction hours would be limited to 20 CEUs. A 5-day workshop with 32 actual instruction hours given by multiple independent presenters and covering the test content areas could earn as many as 32 CEUs.

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.

Documentation for CEUs will be as follows:

- Attendance verification: This could be a certificate of attendance or completion, or a note from the instructor or organization putting on the conference, class or workshop.
- A description of the conference, class or workshop—this could be in a brochure, syllabus, or published description of the workshop contents.
- A description of the trainer's experience and credentials. This information is generally found on the published material (brochure, etc.).

RECERTIFICATION AND CEU FORMS:

The following forms are available for download in Adobe Acrobat PDF file format at cbeip.org: Application for Recertification, Continuing Education Unit Credit Record Sheet. Certified trainers seeking recertification must submit the form along with the included Continuing Education Unit Credit Record and supporting documentation.

LATE SUBMISSION OF RECERTIFICATION DOCUMENTS:

Documents postmarked after the designated recertification deadline will be charged a minimum late fee of \$25 for the first three months that they are late, \$50 for the next three months, and \$100 for the next 3 months. An additional \$25 will be assessed for each 30 days after the 9 months beyond the renewal deadline. All fees are in addition to the current, designated renewal fee.

The required recertification documents must be received within 30 (thirty) days of the original recertification deadline date and must be submitted with the required late fee in addition to the current, designated renewal fee to be considered. Documents submitted 30 (thirty) days or more after the original recertification date will not be considered unless prior written approval for an extension was received. A copy of the extension letter must accompany the recertification documents with payment of the appropriate late fees.

The Certifying Board for Equine Interaction Professionals reserves the right to return documents, unprocessed, that are not submitted with all appropriate fees.

REQUEST FOR RECERTIFICATION EXTENSION

The Certifying 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.

PAYMENT OF LATE FEES

Payment of late fees must be submitted by check or money order in US dollars and made payable to the Certifying Board for Equine Interaction Professionals.

RETESTING

A CEIP may choose to recertify by repeating the full certification process before the expiration of their current certification. Further information about testing sites and dates, along with a downloadable testing handbook and application, is available at the CBEIP website.



CODE OF ETHICS

Holders of a certification conferred by the Certifying Board of Equine Interaction Professionals shall abide by the Code of Ethics. Certificate holders shall, in their professional activities, sustain and advance the integrity, honor, and prestige of this profession by adherence to these standards. ***The certificate holder will:***

1. Hold paramount the safety and health of people and animals in the performance of professional duties; and exercise the obligation to advise clients, students, employers, employees, bystanders, and appropriate authorities of danger and unacceptable risks.
 2. Maintain honesty, fairness, impartiality, and act with responsibility and integrity.
 3. Avoid all conduct or practice that is likely to discredit the profession or deceive the public.
 4. Accept responsibility to maintain and continue one's professional development and competence.
 5. Act in a manner free of bias with regard to religion, ethnicity, gender, age, national origin, disability, or sexual orientation.
 6. Adhere to the highest standards of practice and ethics of one's own professional field of mental health and/or education.
 7. Adhere to the highest standards of practice and ethics of the equine interaction professional organization to which the certificate holder belongs.
 8. Abide by all country/federal and state/providence laws and act, when necessary, as a mandated reporter.
 9. Acknowledge and respond to the necessity of responsible care for their equine colleagues, recognizing the unique character, psychology, physiology, heart and desire of the equine.
 10. Offer services only within the scope of his/her practice, competence, education, training and expertise.
 11. Avoid actions which falsify or misrepresent one's professional qualifications.
 12. Avoid dual relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In situations where dual relationships are unavoidable, the certificate holder is responsible for setting clear, appropriate and sensitive boundaries. Sexual involvement with a client or former client exploits emotions deriving from the professional interaction and is inappropriate and unethical.
 13. Urge changes in the lives of participants only in their behalf and in the interest of promoting change related to the issue(s) the certificate holder is charged to intervene with and/or promote learning and growth. Clients will not be pressed to adopt beliefs and behaviors that reflect the certificate holder's value system rather than their own.
 14. Support this code of ethics and all other codes of ethics and standards related to the certificate holder's practice by discussing suspect ethical concerns with the individuals involved and/or reporting by letter infractions of ethical standards to appropriate sources.
- ***In developing this Code of Ethics the ethical and professional standards of EFMHA, EAGALA, and EGEA were consulted. The Code of Ethics of the Equine Facilitated Mental Health Association were specifically referenced for items 9, 10, and 12.***

Signature: _____ Date: _____



Application for Recertification of Equine Interaction Professionals Through Continuing Education (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. →

A	B	C	1	2	3
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Correct: ●
Incorrect: ◊ ◊

Candidate Information

<input type="radio"/>	Mr.	First Name		Middle Initial
<input type="radio"/>	Mrs.			
<input type="radio"/>	Ms.			
<input type="radio"/>	Dr.			

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

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Number and Street Apartment Number

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City State/Province Zip/Postal Code

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Daytime Phone Evening Phone

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Email Address

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Website Address URL

http://

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Examination

A. PLEASE CHECK YOUR CURRENT CERTIFICATION. CEIP - Mental Health CEIP- Education

B. Number and Expiration Date (Attach copy of certificate)

CEIP Certificate Number

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Expiration Year / Month

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Background Information

Darken only one choice for each question unless otherwise directed.

C. CURRENT PROFESSION: *(darken all that apply.)*

<input type="checkbox"/> Drug and Alcohol Counselor	<input type="checkbox"/> Pastoral Counselor
<input type="checkbox"/> Mental Health Counselor	<input type="checkbox"/> Special Education
<input type="checkbox"/> Behavior Addictions Counselor	<input type="checkbox"/> Primary School Teacher
<input type="checkbox"/> Clinical Social Worker	<input type="checkbox"/> Secondary School Teacher
<input type="checkbox"/> Psychiatric Nurse	<input type="checkbox"/> Coaching
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Vocational Teacher
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> College Professor
<input type="checkbox"/> LMFT	<input type="checkbox"/> Other (please describe) _____
<input type="checkbox"/> School Psychologist	

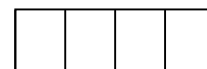
MEMBERSHIP: *(check all that apply.)*

D. I am a member of EAGALA
 I am a member of PATH
 I am a member of EGEA
 Other _____

E. HIGHEST ACADEMIC LEVEL ACHIEVED:
 Bachelor's Degree Master's Degree Doctorate

F. YEARS OF PRACTICE OR TEACHING WORKING WITH EQUINES:
 3 - 5 years 6 - 10 years More than 10 years

(Continue on page 2)





Application for Recertification of Equine Interaction Professionals Through Continuing Education (Mental Health and Education)

Background Information

<p>G. HOURS PER WEEK OF PRACTICE OR TEACHING WORKING WITH EQUINES:</p> <p> <input type="radio"/> 0 - 1 hour/week <input type="radio"/> 11 - 15 hours/week <input type="radio"/> 2 - 5 hours/week <input type="radio"/> 16 - 24 hours/week <input type="radio"/> 6 - 10 hours/week <input type="radio"/> More than 24 hours/week </p> <p>H. PRIMARY CLIENT/STUDENT POPULATION YOU WORK WITH:</p> <p> <input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Adolescents <input type="checkbox"/> Families </p> <p>I. PRIMARY CLIENT/STUDENT POPULATION TYPE:</p> <p> <input type="radio"/> Corporate <input type="radio"/> Schools <input type="radio"/> At Risk <input type="radio"/> Hospitals <input type="radio"/> Wellness <input type="radio"/> Corrections <input type="radio"/> Developmentally Delayed <input type="radio"/> Other </p>	<p>J. TOTAL CEU HOURS CLAIMED (at least 30 within past 3 years)</p> <p>Total Education/Training Hours from Page 3 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Enter whole numbers only</p> <p>K. BREAKDOWN OF CEU HOURS:</p> <p>Total Equine Studies Hours (at least 10 in last 3 years) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Enter whole numbers only</p> <p>Total Equine/Interaction Hours (at least 10 in last 3 years) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Enter whole numbers only</p> <p>Total Education or Mental Health Hours (at least 10 in last 3 years) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Enter whole numbers only</p> <p>M. HAS YOUR LICENSE OR TEACHING CERTIFICATE EVER BEEN REVOKED OR RESCINDED?</p> <p><input type="radio"/> No <input type="radio"/> Yes If yes, please attach an explanatory statement.</p>
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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.

<p>Race</p> <p> <input type="radio"/> African American <input type="radio"/> Native American <input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> No Response </p>	<p>Age Range:</p> <p> <input type="radio"/> Under 25 <input type="radio"/> 40 to 49 <input type="radio"/> 25 to 29 <input type="radio"/> 50 to 59 <input type="radio"/> 30 to 39 <input type="radio"/> 60+ </p>	<p>Gender:</p> <p> <input type="radio"/> Male <input type="radio"/> Female </p>
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Application Checklist and Signature *(Please fill all three pages of this application before*

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

- Proof of 30 hours of continuing education units
- Copy of current mental health license (for MH recertification)
- Copy of current license, teaching certificate or other if applicable (for ED recertification)
- Check in the amount of \$150 payable to CBEIP or fill out the Credit Care Payment section below
- I have read and agree to abide by the CBEIP code of ethics

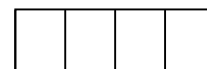
CANDIDATE SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Date

Fee:

CC Check





Continuing Education Unit Credit Record

Category I - Equine Interaction: With Clients for CBEIP-MH or Students for CBEIP-ED – 10 CEUs

Category E - Equine Studies: Equine Behavior, Management, Care, Training, Etc. – 10 CEUs

Category P - Practice: Continuing Education Programs in Education Practice or Mental Health Practice – 10 CEUs

Category	Program Title and/or Course ID	Presenter	Sponsor	Length of Program	CEUs earned
TOTAL				CEUs	
HOURS					



It is important that the certification examination continue to be updated so that it reflects the latest data. Please use this form to submit your question:

All questions must be in multiple choice format, with one right answer indicated. If possible, please cite a source for your question.

Test question:

Please place a check in front of the correct response

- a. _____
- b. _____
- c. _____
- d. _____

Source: _____

Please return this completed form with your recertification application, proof of continuing education units, and payment.

Please make copies of this form to submit additional questions