

Certification Renewal Manual for CES (Levels I and II) and CESA



NACPET
**National Association of Certified
Professionals of Equine Therapy**

Revised: 02/01/10

Application for

Certified Equine Specialist Associate/Certified Equine Specialist (CESA/CES I/II) Renewal

NACPET, Inc • 711 W. 17th Street • Suite A8 • California, USA 92627 • Telephone (949) 646-8010 • Facsimile (949) 646-8447

SECTION 1. All of the information in this section must be completed thoroughly. Please type or print your information clearly.

[Grid of 20 boxes for First Name]

First Name

[Grid of 20 boxes for Middle Name]

Middle Name

[Grid of 20 boxes for Last Name]

Last Name

[Grid of 20 boxes for Address]

Address (Number, Street, Apt. or Suite No.)

[Grid of 20 boxes for City]

City

[Grid of 15 boxes] - [Grid of 5 boxes] - [Grid of 4 boxes]

State (or Province)

USA Zip Code

[Grid of 10 boxes]

Country (other than USA)

[Grid of 10 boxes]

Country Code

[Grid of 3 boxes] - [Grid of 3 boxes] - [Grid of 4 boxes]

Primary Telephone Number (Include Area Code)

[Grid of 3 boxes] - [Grid of 3 boxes] - [Grid of 4 boxes]

Secondary Telephone Number (Include Area Code)

[Grid of 3 boxes] - [Grid of 3 boxes] - [Grid of 4 boxes]

Pager or Cell Number (Include Area Code)

[Grid of 3 boxes] - [Grid of 3 boxes] - [Grid of 4 boxes]

Facsimile Number (Include Area Code)

[Grid of 20 boxes for E-Mail Address]

E-Mail Address

SECTION 2. This information is utilized for identification purposes. It will not be available to outside identities. Please print your information clearly.

[Grid of 3 boxes] - [Grid of 2 boxes] - [Grid of 4 boxes] [Grid of 2 boxes] - [Grid of 2 boxes] - [Grid of 2 boxes] [Grid of 1 box] [Grid of 1 box]

Social Security Number

Date of Birth (Month-Day-Year)

Male

Female

SECTION 7. Fees and Documentation: Please check the applicable fees and documentation to be included with your Application.

- Renewal Fee (Good for two years from the date of your renewal) **\$150.00**
- Membership Fee Paid On-Line (Annual dues for NACPET membership) (Not applicable, if already a Member).... **\$ 45.00**
- Copies of documentation of **40 hours** of continued educational units (**CE's**) in the **Equine Field you specialize in**, or **600 hours** of direct work in the field you specialize in within the past 2 years, which is verified by a Supervisor/Professional in your field in a letter form that is sealed and signed.
- A Copies of active Memberships in EAGALA/NARAHHA/PEGASUS (optional for 5% discount on Renewal fee)
- Proof of Liability Insurance
- A signed original of the **Code of Ethics**
- A signed original of the **Patient's Rights**- A copy of this form should be posted where it is visible to all clients and staff
- A signed original of the **Scope of Practice**

All fees are nonrefundable. Membership fees are due on an annual basis as an individual.

SECTION 8. Declaration of Authenticity: The undersigned applicant declares that the information provided in the application and with the supporting documentation is true and authentic. The applicant understands that if at any time it is shown that the information or documentation provided is not true or is misrepresented, any fees that have been paid by the applicant will be forfeited, and certification as an Equine Specialist may be revoked.

Applicant Signature:	Print Name	Date
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Revised 02/01/10

For office use only: _____ (Receipt Staff Initial) _____ (Date of Receipt by Staff)

NACPET, Inc

711 W. 17th Street; Suite A8; Costa Mesa, CA 92627
(949) 646-8010 • Fax (949) 646-8447

Code of Ethics for Members of NACPET/CTHA

I, _____ do hereby agree to the following:

(Print Name)

That I will:

- Not discriminate against any client or professional based upon their race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic condition.
- Insure objectivity and integrity, and maintain the highest standards in the services of Equine Assisted Psychotherapy/training/instructing and/or Equine Therapy.
- Recognize that the profession is founded on national standards of competence, which promote the best interest of society, the client, professionals and the profession as a whole.
- Recognize the need for ongoing education as a component of professional competency.
- Do my best to prevent the practice and/or the treatment of mental/medical/physical health by unqualified persons. This includes the training and instruction of clients and horses.
- Report any unethical conduct or unprofessional modes of practice to appropriate authorities, which includes reporting any and all unethical conduct/violations to NACPET and/or CTHA.
- Report any and all harmful incidents involving the Therapy Horse(s) utilized in my profession to NACPET and/or CTHA immediately, according to my agreement for certification.
- Recognize my own boundaries and limitations and not offer services outside of my competencies. This also includes the recognition of any and all limitations and personality traits of the Therapy Horse(s) utilized in my profession that may compromise the client's safety.
- Recognize the effect of professional impairment with regards to unprofessional performance and be willing to seek appropriate treatment for myself or for my colleagues.
- Uphold the legal and accepted moral code, which pertains to professional conduct.
- Not claim directly or by implication, professional qualifications/affiliations that I do not possess.
- Be responsible and professional regarding how I present myself and the Therapy Horse(s) utilized in my practice in any possible publications, books or media.
- Respect the integrity and protect the welfare of the clientele with whom I am working.
- Be concerned primarily with the welfare of the client in the presence of professional conflict.
- Terminate counseling or consulting relationship when it is reasonably clear that the client is not benefiting from it.
- Assume responsibility in referral cases for the client's welfare either by termination of consulting relationship by mutual agreement and/or by the client becoming engaged with another professional. In situations when the client refuses treatment, referral or recommendations, I should carefully consider the welfare of the client.

- Obtain a release of information in written form and a consent to contact in written form before discussing client or client welfare with any other person whether this person is professional or not.
- Not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client emotionally or physically.
- Collaborate with other health-care/horse professionals in providing a supportive environment for the client who is receiving approved prescribed medication that may jeopardize the client's safety.
- Protect the privacy of the client and will not disclose confidential information acquired in teaching, practice or investigation.
- Inform the client and reach an agreement in areas likely to affect the client's participation in Equine Therapy/training/instruction including the recording of an interview, the use of interview material for training purposes, and the observation of an interview by another person.
- Make provisions for the maintenance of confidentiality and the ultimate disposition of confidential record.
- Reveal information received in confidence only when there is clear and imminent danger to the client or to other persons, and then only to appropriate professional workers or public authorities.
- Discuss information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes squarely concerned with the case. Written and oral reports should present only data for the purpose of evaluation and every effort should be made to avoid undue invasion of privacy.
- Inform prospective clients of the important aspects of the medical/clinical/professional relationship.
- Not enter into a professional relationship, if this relationship should have potential to jeopardize NACPET and/or CTHA, or the client's welfare.
- Not engage in any type of sexual activity with the client.
- Cooperate with the state of California Alcohol and Drug programs, Board of Behavioral Sciences, NACPET, CTHA, EAGALA/NARHA professional ethics committees and the CAADAC/CAADE counseling code of ethics.
- Not accept any private fee or any other gift or gratuity for professional work with a client who is entitled to such services indicated by a contract that was initiated by NACPET and/or CTHA unless you are not specialized in Equine Therapy.
- Discuss any former client with the Director of NACPET and/or CTHA, after obtaining appropriate signed consent, before engaging in any personal, professional or business relationship.
- Be responsible and accountable in maintaining any and all requirements for certification and membership with NACPET and/or CTHA.

I have read and understand these suggestions; I have retained a copy for my records.

Applicant's Signature: _____ Dated: _____

NACPET/CTHA, Inc. President: _____ Dated: _____

Revised: 02/01/10

Patient's Rights

In Accordance with NACPET's Code of Ethics, California State Regulations and Statement of Understanding, each person receiving services from a residential alcoholism or drug abuse treatment facility, or receiving any kind of Equine Therapy or Horse Professional Services shall have rights, which include, but are not limited to, the following:

The right to confidentiality as provided for in Title 42, Section 2.1 through 2.67-1, of the Code of Federal Regulations, which includes HIPPA (Compliance Date: 2004).

To be accorded dignity in personal relationships with staff and other individuals.

To be accorded safe, healthful, and comfortable accommodations to meet his/her needs.

To be free from intellectual, emotional and/or physical abuse. This includes gossip and/or slander.

To be informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of NACPET, Inc.

To be free to attend religious services or activities of his or her choice and to have visits from a spiritual advisor, provided that these services or activities do not conflict with facility program requirements. Participation in religious services will be voluntary only. This does not apply to those Professionals that are not specialized in Equine Therapy; however, it does apply if you are doing any *therapy* with clients.

Complaints

In accordance with NACPET's Code of Ethics and California State Regulations and Statement of Understanding, any individual may request an inspection of an Equine/EAP Professional, a Therapy Horse owner, or an Organization. All complaints will be investigated and can be submitted anonymously. Complaints should be directed to:

NACPET, Inc.
Certification Branch
711 W. 17th Street; Suite A8
Costa Mesa, CA 92627

Attention: Complaint Coordinator
(949) 646-8010
FAX: (949) 646-8447

Acknowledgement

I _____ have been personally advised and have received a copy

(Print Name)

of the Patient's rights and have been informed of and presented with the provisions for complaints made by clients at the time of their participation and/or visit with (an) Individual/Organization/Horse Owner(s) who is/are currently providing therapy for them and are members of NACPET, INC.

Member's Signature

Date

NACPET Board Member Signature

Date

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SCOPE OF PRACTICE

Certified Equine Specialist/Associates

PURPOSE

To assure a consistent standard of quality education, training and experience for Certified Equine Specialist and Associates. Certification is necessary to safeguard public health, safety, and welfare, and to protect the public from unauthorized service delivery by non-certified Equine Specialists/Associates, and unprofessional conduct by Certified Equine Specialist/Associates.

REQUIREMENTS

- CESs/Associates specializing in Equine Therapy must Complete a 3 Day Level I Certification Training in Equine Therapy for Mental Health, as a Horse Professional, by NARHA/EAGALA/PEGASUS ECT/another approved Organization. This usually constitutes **24 hours of Training and/or 24 CE's**. These hours work towards the documented therapy hours required for CES specializing in Equine Therapy.
- Must meet the academic requirement, which is 60 units/hours in Equine Studies/Animal Sciences completed at an accredited college-level institution. The academic requirement may be partially or completely substituted for the work experience in the applicant's respective field of specialty. Every 1 unit/hour of formal education may be substituted for 167 hours of work experience.
- A Certified Equine Specialist (CES) must successfully complete **1000** hours of work in the Equine field of they specialize in for Level I certification, and **4000** for Level II certification, following specified criteria established by the Board of the National Association of Certified Professionals of Equine Therapy. All individuals must successfully pass a written examination process (Case Study).
- CES persons must renew their certification every two (2) years by meeting the following criteria:
 1. Documentation of a minimum of forty (40) contact hours of continuing education in the area of their specialty, or **600 hours** of work in the field they are specializing in within the past **2 years**, verified by a Supervisor in the specified field in a letter form that is sealed and signed.
 2. Will ascribe to the Professional Code of Ethics at each certification renewal period.
- The Certified Equine Specialist Associate, (CESA) must successfully complete the documented hours of work required in their field within (2) years or must renew their certification as an Associate.
- CESA persons must renew their certification every two (2) years , by meeting the following criteria:
 1. Documentation of a minimum of forty (40) contact hours of continuing education in the area of their specialty, or **600 hours** of work in the field they are specializing in within the past **2 years**, verified by a Supervisor in the specified field in a letter form that is sealed and signed.
 2. Will ascribe to the Professional Code of Ethics at each certification renewal period.

ROLE OF THE CERTIFIED EQUINE SPECIALIST/ASSOCIATE

1. To assist and support clients and their family members as a Horse Professional of Equine Therapy for the Mental Health or other Equine Field. Certified Professionals must stay within their own Scope of Practice as designated by State and Federal Regulations.
2. Provide quality professional care, as a Horse Professional, to Horses, Clients, Family members, and significant others by means of providing current and accurate information and education within the Horse Professional's Scope of Practice.
3. Utilize the functions of crisis intervention with horse safety, documentation, and consultation with Co-facilitators and Veterinarians.
4. Display competency in the Certified Professional's own Scope of Practice **only**. **A Certified Equine Specialist is not a Licensed Therapist or Certified Counselor.**

For those specializing in Equine Therapy:

5. Develop a program tailored to the individual in support of a recovery process and affect an improved quality of living.
6. Co-Facilitating a process for clients to self-explore the consequences of unhealthy coping skills by collaborating with Therapy Horses and a Certified and/or Licensed Mental Health Professional, preferably a Certified Equine Assisted Counselor or Therapist.
7. Provide quality care to the horses in Equine Therapy and keep weekly and sometimes daily documentation on each horse.
8. Assisting clients to establish life management skills to support a recovery and or growth process as a Horse Professional by utilizing the Horse's response to verbal and non-verbal cues.
9. Assisting to improve behavior patterns with horses and clients.
10. Maintain a detailed file on each Horse used in Equine Therapy, which includes Health and Feed Forms, Incident Reports and Horse Documentation Sheets.

I have read and understand this document. In fact, I have retained a copy for my records.

Applicant's Signature: _____

Dated: _____