



APPLICATION FOR CENTER ACCREDITATION

Center Information

Name of Center: _____ Center ID # _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Check here if the center has more than one location

Name of Center Representative: _____ Center Rep. Member # _____

Center Representative Information

Day Phone: () _____ Evening Phone: () _____ Fax Number: () _____

Best time(s) to be reached by phone: _____ Email Address: _____

Complete the checklist below. All supporting materials submitted must be typed.

- _____ completed a PATH Intl. Standards Course and exam on-line or the PATH Intl. Standards Course in-person and will be present the day our site visit takes place.
Standards Course Completed: Region Conference and date and location: _____
- On-line Course and date completed: _____
- This application is being submitted within 90 days of completion of the Standards Course and exam.
- I have included the application fee in the amount of **\$250.00** in an enclosed check made payable to PATH Intl **or** Check here if you would like to pay online via credit card (PATH Intl. Staff will create invoice for you)
- I have attached a list of all instructors (and therapists, if applicable) for each location that offers equine activities and therapies for our center. This list indicates each instructor's level of PATH Intl. Certification.
- I understand that my center must have at least one PATH Intl. Certified Instructor in order to be eligible for accreditation.
- I have attached a separate sheet listing each location at which our centers offers equine assisted activities. List each location(s) name, full street address and daytime phone number.
- I have attached typed directions (maps alone are not acceptable) to each location at which this center offers equine activities.
- I understand that each location listed will be scored on the PATH Intl. Core (Administrative and Business, Facility and Equine Welfare and Management) Standards, Activity (Mounted, Driving, Interactive Vaulting and Ground) Standards and Service (Equestrian Skills, Medical, Mental Health) Standards specific to the activities conducted at each location.
- This center offers the following activities and services and understands that we will be scored on these during our accreditation visit. (*Field Test Standards will not be applied to final score*)
 - Check all activities that apply:** Mounted Driving Ground Interactive Vaulting
 - Check all services that apply:** Medical Mental Health Equestrian Skills
- I understand that we will be scored on the Standards current at the time of our site visit and that the Standards current at the time of my visit may be different than those studied during the Standards Course.
- I understand that the site visit should be completed in one day. If a second day is required, our center will incur the additional food and lodging expenses of the site visitors for the additional day.
- I understand that specific dates for the visit cannot be requested at time of application, and that the lead site visitor will work with the center representative and associate site visitor to schedule a date that is agreeable for all parties.
- I understand that by submission of application and supporting materials I have indicated that our center is currently in full compliance with all Mandatory Standards and is prepared for an Accreditation site visit to take place.**

Signature of Center Representative: _____

Date: _____

This form must be completed, signed and sent to PATH Intl. with supporting materials within 90 days of completion of the Center Accreditation Training Course. Make a copy of the application for your records. Please send original to the PATH Intl. Office: PATH Intl. • P.O. Box 33150 • Denver, CO 80233