# Professional Association of Therapeutic Horsemanship International

## CERTIFICATION COMPLIANCE FORM FOR NON-CTRI-HOLDERS

PATH Intl. Member Name: _____ PATH Intl. Member Number_____

***To maintain compliance as a PATH Intl. Certified Professional, this form must be submitted along with your annual renewal dues. Certified Professionals may be marked non-compliant if these items are not submitted together, regardless of expiration date.***

- **Documentation of a minimum of 20 continuing education hours obtained during the previous 12 months to include core requirements of:**
  - Minimum of **6 hours** of disability education (DE). Visit the CEU Guidelines webpage to learn what applies as Disability Education.
  - Minimum of **2 hours** relevant to each certification held (CR): Visit the CEU Guidelines webpage to learn what applies to Certification Core Requirements

Continuing education activities submitted to fulfill the minimum of 20 hours should involve active participation and/or reflect pursuit of professional development.

- **Continuing education hours may NOT include any of the following:**
  - General Horse Expo/Fair Attendance (list all sessions to receive CEU credit)
  - Observing or providing therapeutic sessions or riding lessons (except when Coaching a PATH Intl Certified Professional)
  - More than 6 hours for lessons received
  - Recreational riding or Horse Show/ Competition
  - The reading of any materials (Books, articles etc.)
  - CPR/1st aid training
  - Exercise Classes
  - Day-to-day activities as part of your job

**Visit the PATH Intl. CEU Guidelines webpage at**
**https://pathintl.org/certification/maintenance/**
**for an explanation of the categories and clarification regarding allowable and not allowable CEU activities.**

---

**Complete the following portion of this form and submit it along with your membership payment to the PATH Intl. office.**
**You are responsible for keeping a copy of this form for your records.**
**All information submitted on this form is subject to further review by PATH Intl.**

I am a PATH Intl. Certified [list certification(s)] : _____

- ☐ My PATH Intl. Professional Membership is current OR my dues are included with this form.
- ☐ My Adult and Child First Aid and CPR Certifications are current.(100% online courses are acceptable.)
- ☐ I have verified that my coaching was provided by a CURRENT PATH Intl. Certified Instructor (if applicable)
- ☐ I have read, fully understand and will uphold the PATH Intl Code of Ethics at all times and agree to maintain compliance with standards in the PATH Intl Standards for Certification and Accreditation(*Code of Ethics is located on the PATH Intl. website, www.pathintl.org, and in the Standards for Certification and Accreditation.)
- ☐ I have completed a total of *20 hours* of combined continuing education, certification core requirements, and disability education as follows:

***CONTINUING EDUCATION (CE), DISABILITY EDUCATION (DE), CERTIFICATION CORE REQUIREMENT (CR) ETC***

| Event/Activity | Location/Institution/Coach/Research Supervisor | Date:(mo/year) | CE/DE/CR | Hours |
|---|---|---|---|---|
| *(example) Hunter/Jumper Mounted Lessons* | *Denver CO/Local Riding School/Suzie Smith-Inst.* | *08/2024* | *CR* | *2* |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | ***Total Hours :*** | 0 |

***I hereby state that all information listed within or submitted with this form is considered true and accurate.***

_____

Print Name Signature Date

Submit to certficationcompliance@pathintl.org or mail to PATH Intl. P.O. Box 33150 Denver, CO 80233 Fax: (303) 252-4610 Phone: (800) 369-7433