

2012 Professional Association of Therapeutic Horsemanship International Center Membership Renewal Booklet



Congratulations on another year of providing equine-assisted activities and therapies to over 40,000 participants worldwide!

Thank you for renewing your center's PATH Intl. membership. Your center is part of a community of organizations that are recognized as valued partners by their clients. PATH Intl. will continue to offer you programs like the Foundation Directory Online, recognition through the annual awards programs of your participants, volunteers and staff, and resources like the annual edition of the Professional Association of Therapeutic Horsemanship International Standards for Certification and Accreditation.

Renewing Online

It's even easier this year to renew online using your access to your center's account through the PATH Intl. website. Please go to: <http://www.pathintl.org> under the quick link box on the PATH Intl. Center page.

Your center's dues are based on the size of your center's operating budget. If that has changed since last year, please contact Karen Province. PATH Intl. will conduct audits to confirm dues are consistent with reported finances.

Again, thank you for your renewal and taking the time to provide the information requested.

- Data for the booklet reflects the 2011 membership year.
- If you don't have exact year end data, please approximate.
- EAAT (equine-assisted activities and therapies) are any specific activity in which the center's clients, volunteers, instructors and equines are involved. To calculate the total hour, add up all the hours for each participant at your center for the year.
- A center's operating budget, by definition, reflects its entire operation. The operating budget reflects all operations under a center's corporation, 501(c)3, LLC, or other legal entity.

If you don't renew online, please mail the completed renewal booklet to:

PATH Intl., P.O. Box 33150, Denver, CO 80233

For questions or concerns, please call or e-mail:

Jama Rice, Director of Membership and Programs
(800) 369-7433 ext 127 ▪ jrice@pathintl.org

Carrie Garnett, Membership Operations Manager
(800) 369-7433, ext. 116 ▪ cgarnett@pathintl.org

Karen Province, Member Services Rep., Center
Membership
(800) 369-7433, ext. 111 ▪ kprovince@pathintl.org

2012 Professional Association of Therapeutic Horsemanship International Center Membership Renewal Invoice

PATH Intl. Center Membership Structure—Dues are based on the size of a PATH Intl. center’s operating budget (defined as total operating expenses).

Budget Size	Dollar Amount	Dues
Very Small Budget	\$0 - \$24,999	\$355
Small Budget	\$25,000 - \$149,999	\$555
Medium Budget	\$150,000 - \$299,999	\$825
Large Budget	\$300,000 - \$1,000,000	\$1200
Very Large Budget	Greater than \$1,000,000	\$2000

Centers may also complete your center renewal booklet and make your payment online. Go to www.pathintl.org on the PATH Intl. Centers page in the quick links box.

Are you are Premier Accredited Center? Don’t forget to pay your accreditation fees.

PAYMENT INFORMATION:

Please check here if your completed booklet will be sent separately from your payment: Payment sent separately

2012 PATH Intl. Center Membership Dues: (based on budget size, see above schedule) \$ _____

Annual Operating Budget: \$ _____

PAC Accreditation Fee: **\$100.00** for centers accredited before 12/31/08 \$ _____
\$150.00 for centers accredited or reaccredited after 1/1/09

Late Fee if postmarked after January 16, 2012: (\$50.00) \$ _____

Please consider a donation to support PATH Intl.’s mission to change and enrich lives \$ _____
 by promoting excellence in equine assisted activities and therapies

Total Amount enclosed \$ _____

Payment method: Check # _____ Visa MasterCard American Express Discover

Credit Card Number: _____ **Expiration Date:** _____

Signature: _____ **Printed Name:** _____

Listed below is some of the information currently listed in our files for your center. This information may be helpful when completing the enclosed renewal booklet. DO NOT use this form to make changes to your center’s information.

Center Name: _____ **Center Membership #** _____

Contact Person: _____ **Membership Status:** _____

Important Renewal Information:

- Center membership runs January 1st through December 31st each year. All PATH Intl. centers are required to renew at this time regardless of the date they joined PATH Intl.
- The enclosed center renewal booklet must be completed and returned along with this completed invoice and payment to the PATH Intl. office or completed online at www.pathintl.org by January 16, 2012. **Renewals postmarked after January 16, 2012 must include a \$50 late fee.** All items must be completed by mail or electronically in order to complete the renewal process. Missing reports or incomplete information may delay processing of your renewal.

To help with your renewal process, we have provided a checklist of items to be included with your center renewal:

- Complete 2012 PATH Intl. Center Membership Renewal Booklet
- Members Dues
- Accreditation fee, if applicable
- \$50.00 late fee, if applicable
- Center Contact Information
- Center Information Report
- Center Statistics Report
- Instructor Report
- Insurance Compliance Form
- 2012 PATH Intl. Center Annual Statement of Compliance
- 2012 Premier Accredited Center Annual Statement of Compliance, if applicable

Set your Center Apart as a Premier Accredited Center (PAC)!



PATH Intl. values all center members. The commitment for competent instruction and a safe and fulfilling experience for participants are characterized by all PATH Intl. center members.

Premier accredited centers (PACs) are distinctive within the PATH Intl. center community. Having successfully completed a voluntary, peer review process assessing the center's application of PATH Intl.'s accreditation standards, PACs have distinguished themselves as exceptional centers, no matter their size, audience or geography. They have visibly demonstrated the accreditation requirements for administrative, facility, program and applicable specialty standards and are granted the premier accredited center distinction for five years.

What does PAC status mean for your center?

Build strong relationships with current and prospective donors, volunteers and participants. The quality assurance that goes along with the industry standard-defining PAC process provides credibility to donors and a source of pride for your staff, participants, volunteers and other constituents.

The recognition that accompanies PAC status is promoted prominently in many of PATH Intl.'s publications and other venues. PACs receive preference in referrals PATH Intl. receives from print and broadcast media. A distinguishing logo is available to PATH Intl.'s PACs. The premier status is prominently highlighted on PATH Intl.'s website and in other directories and lists of PATH Intl. center members. A press release is completed and provided to the local media of a newly accredited PAC.

The regular assessment of PATH Intl.'s standards by the Program and Standards Oversight Committee, the Accreditation Sub-Committee and the PATH Intl. Board of Trustees ensures that the standards required of a PAC are current, legal, thoroughly researched and field-tested, providing a valuable resource to centers, their staff and volunteers, and ultimately the participants in equine assisted activities and therapies delivered by PATH Intl.'s Premier Accredited Center members.

CENTER CONTACT INFORMATION

Center's Name: _____ Center Number: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ Fax: _____

Center Website: _____ Center E-mail: _____

Name of Primary Center Contact: _____

Phone: _____ Email: _____ Title: _____

Person Responsible for fundraising for your center: _____

Phone: _____ Email: _____ Title: _____

Executive Director or equivalent (the person who has the overall administrative authority for the center):

Name: _____ Email: _____ Title: _____

Addresses for your center:

Center's Business (Physical) address:

List above as center's primary address*

Center's Billing Address:

List above as center's primary address*

*Indicate the center's primary address. This is the address that will be shown on PATH Intl.'s website.

CENTER INFORMATION REPORT

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR CENTER FOR 2010 (APPROXIMATE IF NECESSARY)

1. Is your center a: For-profit Non-profit
2. Is your budget planned and written: Annually Semi-Annually Every Two Years As Needed None
3. What is the total annual operating budget for your center for last fiscal year? \$ _____
4. What is the total amount of your annual budget that your center spend on marketing, including fundraising materials? _____
5. Please indicate the following for your center's sources of income (if applicable):
 - Federal In Kind State
 - Foundations Individual Donations United Way
 - Fundraisers Participant Fees School/University
10. Does your center have a newsletter? Yes No If yes, is it published: Yearly Quarterly Monthly Other
11. Please indicate if your center has the following: Marketing Materials Strategic Plan Business Plan Annual Fundraiser
12. Does your center conduct a financial audit? Yes No If yes, how often: Annually Other _____
13. Does your center use a database to track participants, volunteers, donors, financial information, etc? Yes No
If yes, check all that apply: Excel Access-based TricTrax Peachtree ProHorseWorks QuickBooks Other

CENTER STATISTICS REPORT

PLEASE INDICATE THE FOLLOWING STATISTICS FOR YOUR CENTER FOR 2010 (APPROXIMATE IF NECESSARY)

Equine Profile:

1. How many equines are involved in your program?
 - Donkeys: _____
 - Horses: _____
 - Miniature Horses: _____
 - Mules: _____
 - Ponies: _____
 - Total Equines:** _____

Staff Profile:

- 2a. How many individuals are currently employed (paid) by your center? _____
- 2b. Using a 40-hour work week, how many full-time equivalents (FTEs) are employed at your center? (Total of: individuals x estimated hours worked for each; divide by 40) _____
- 2b. On average how many hours a week do your instructors work (prepare, files, teach, etc)? _____
- 2b. How do you pay your instructors? (If you pay instructors hourly and salary list both)
Salary? If so, average salary per instructor. _____ Hourly? If so, average hourly rate. _____
- 3a. What is the salary range of your executive director – the person managing day to day operations of the center?
 \$10-20,000 \$20-30,000 \$30-40,000 \$40-50,000 \$50,000+ Volunteer N/A
- 3b. What is the salary range of your program director – the person managing the day to day program development and content of the center?
 \$10-20,000 \$20-30,000 \$30-40,000 \$40-50,000 \$50,000+ Volunteer N/A
- 3c. What is the salary range of your development director (if this person is different than the ED) – the person responsible for developing non-program funding sources for the center?
 \$10-20,000 \$20-30,000 \$30-40,000 \$40-50,000 \$50,000+ Volunteer N/A

Volunteer Profile:

4. How many people volunteer at your center? _____
5. Hours per week served by the average volunteer? _____
6. Do you perform background checks on your volunteers? Yes No

Internships and Mentorship Programs:

7. Does your center offer internships? Yes No
8. Does your center offer mentorship programs for PATH Intl. instructors? Yes No If yes, do you charge? Yes No
9. Does your center offer: Group Lessons Only Individual Lessons Only Both Group and Individual Lessons

Participant Profile:

10. How many participants in each age group did your center serve?

- 2-5: _____
- 6-10: _____
- 11-18: _____
- 19-30: _____
- 31-50: _____
- 51-65: _____
- 65+ : _____
- TOTAL:** _____

11. Hours per week received by the average participant: _____

12. TOTAL numbers of EAAT hours provided by center annually: _____

13. Does your center have a waiting list? Yes No If yes, how many are on that list? _____

Operations:

14. Does your center have an indoor/covered arena? Yes No 13. How many days of the week does your center operate? _____

15. Indicate the months in which your center operates: All months OR select specific months below:

- Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

16. Does your center offer memberships to participants, family members, sponsors, etc? Yes No

Services and programs:

17. Please check the disabilities your center serves:

- ADD or other Hyperactivity Disorder
- Amputee
- At Risk Youth
- Autism
- Cerebral Palsy
- Developmental Delay or Disability
- Downs Syndrome
- Emotional, Behavioral or Mental Health
- Head Trauma/Brain Injury
- Hearing Impairment
- Learning Disability
- Mental Retardation
- Multiple Sclerosis
- Muscular Dystrophy
- Paralysis
- PTSD
- Orthopedic Issues
- Speech Impairment
- Spina Bifida
- Spinal Cord Injury
- Stroke
- Substance Abuse
- Terminal Illness
- Visual Impairment
- Weight Control Disorders

18. Please check the activities your center provides:

- 4-H
- Animal Assisted Activities with Non-Equines
- Backriding/Tandem Hippotherapy
- Camps (Summer, Day or Other)
- Competition (Special Olympics, Paralympics)
- Drill Team
- Driving
- Equine Facilitated Experiential Learning
- Equine Facilitated Psychotherapy
- Grooming & Tacking
- Ground Work
- Hippotherapy
- Mobile Community Programs
- Recreational Riding
- Therapeutic Riding
- Vaulting/ Interactive Vaulting
- Veterans Program
- Vocational Training

19. Please check the organizations your center works with:

- Government Agency (including judicial)
- Group Home or other Residential Facility
- Hospice
- Hospital
- Nursing Home
- School or University
- Rehabilitation Center

Professional Association of Therapeutic Horsemanship International Center
Membership Annual Renewal



PATH INTL. CENTER ANNUAL STATEMENT OF COMPLIANCE

PLEASE INDICATE THE FOLLOWING COMPLIANCE INFORMATION FOR YOUR CENTER AS IT IS CURRENTLY

The term, "Professional Association of Therapeutic Horsemanship International Center" describes the operation of the center site, program and activities by center personnel. **Membership requirements are that PATH Intl. centers abide by and sign off on the following compliance criteria annually:**

1. Our center is operating in compliance with all of the mandatory and applicable standards listed in the Professional Association of Therapeutic Horsemanship International Standards for Certification & Accreditation.
2. To the best of our knowledge, our center is operating under all applicable federal, state and local laws, codes and regulations, and all required licenses and permits have been obtained.
3. Our center is operating in adherence with PATH Intl.'s Center Membership Requirements and the PATH Intl. Code of Ethics.

I hereby affirm that our center meets all the requirements established in the Statement of Compliance, and is adhering to all requirements of PATH Intl. Center Membership.

Signature: _____ Date: _____
(Legally Authorized Center Representative)

Print Name: _____ Center Name: _____

PATH INTL. PREMIER ACCREDITED CENTERS ARE REQUIRED TO COMPLETE THE FOLLOWING PORTION OF THIS REPORT IN ADDITION TO THE ABOVE PORTION.



In addition to the above compliance criteria, in order to maintain **PATH Intl. Premier Accredited status, a center representative must indicate with his/her signature that the center abides by the following compliance criteria annually:**

4. We understand that our center's accreditation requires:
 - a. Completing a re-visit when the Accreditation Sub-Committee and/or the PATH Intl. Board of Trustees determines that one is necessary.
 - b. Completing a site visit prior to center's accreditation lapse date.
 - c. Achieving a passing score during the re-visit.
 - d. Signing the Annual Statement of Compliance.
 - e. Providing true and accurate information to site visitors, the Accreditation Sub-Committee, the PATH Intl. Board of Trustees or its representatives.
 - f. Complying with mandatory standards.
 - g. Adhering to the PATH Intl. Code of Ethics.

I hereby affirm that our PATH Intl. Premier Accredited Center meets all the requirements established in the Statement of Compliance and is adhering to all requirements of PATH Intl. Center Membership. The center wishes to continue its Premier Accredited Center status.

Signature: _____ Date: _____
(Legally Authorized Center Representative)

Print Name: _____ Center Name: _____

Important Notice for ALL Centers:

As a membership benefit, center members receive updates made to the Professional Association of Therapeutic Horsemanship International Standards for Certification & Accreditation manual each year. **Your center will receive 1 CD-ROM version of the complete manual when updated.** Printed versions of the manual are available at a cost of \$65 for members, \$90 for non-members (shipping & handling charges apply). Visit the PATH Intl. store at www.pathintl.org or call the PATH Intl. office at (800) 369-7433 to order

**2011 PROFESSIONAL ASSOCIATION OF THERAPEUTIC HORSEMANSHIP
INTERNATIONAL CENTER INSURANCE COMPLIANCE REPORT**



PLEASE INDICATE YOUR CENTER'S CURRENT INFORMATION AS PROOF OF COVERAGE

The insurance limits indicated below are those recommended by PATH Intl. standards.

- General liability insurance that protects the center, its employees and volunteers against claims brought by participants and other third parties. We recommend that the policy provide for a per occurrence limit of \$1,000,000 and an aggregate limit of at least two times the per occurrence amount.
- Excess accident medical coverage providing at least \$10,000 per person accident medical coverage and \$5,000 per person accidental death benefits. This is a separate policy to provide medical benefits on an excess basis in an effort to deter lawsuits under the center's general liability policy.
- Worker's compensation insurance that is in compliance with compensation laws as provided by your state's statutes, if applicable.
- Other insurances as needed.

Please Reference PATH Intl. standard A4 in the Professional Association of Therapeutic Horsemanship International Standards for Certification & Accreditation.

By signing this compliance report, I hereby acknowledge that I have read and fully understand PATH Intl.'s recommended insurance limits. I hereby state that the insurance coverage maintained by our center either meets these standards or has been deemed appropriate for our program by our board of directors or governing body of the center in consultation with our insurance provider. I further acknowledge that such insurance must remain in place at our center at all times during our PATH Intl. membership.

Center Name: _____

Insurer: _____

Name on Declaration Page: _____

Named Insured on Policy: _____

Expiration date _____

Policy # _____

Signature: _____ Date: _____

(Legally Authorized Center Representative)

Print Name: _____