Professional Association of Therapeutic Horsemanship International Center Membership Annual Renewal

CENTER NAME:_____ CENTER MEMBER #_____

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

CREDENTIALED PROFESSIONAL REPORT

PLEASE INDICATE THE FOLLOWING INFORMATION FOR ALL CREDENTIALED PROFESSIONALS CURRENTLY AT YOUR CENTER

PATH Intl. requires all equine-assisted activities and therapies be supervised at all times by an appropriately credentialed professional holding one of the following certifications: PATH Intl. Registered Instructor Certification, PATH Intl. Advanced Instructor Certification, PATH Intl. Master Instructor Certification, an instructor certified via the PATH Intl. Adjunct Certification Process or PATH Intl. Equine Specialist in Mental Health and Learning. This applies to ALL PATH Intl. Centers. Reference: PATH Intl. Mandatory Standard *P20.

If your center offers driving, you MUST have a PATH Intl. Certified Driving Instructor at your center. Reference: PATH Intl. Mandatory Standard *D1. If your center offers interactive vaulting, you MUST have a PATH Intl. Certified Vaulting Instructor at your center. Reference: PATH Intl. Mandatory Standard *V9. Please note your PATH Intl. Certified Driving and/or Vaulting Instructor(s) on this sheet.

All credentialed professionals must be included on this report regardless of his or her PATH Intl. Certification Status

Credentialed Professional's Name*	Member #	Level of PATH Intl. Certification	PATH Intl. Specialty Certification

Please attach a separate sheet for additional instructors if necessary.

***If the credentialed professional is not a PATH Intl. member, please include their address, telephone number and email address on a separate sheet.**