Professional Association of Therapeutic Horsemanship International Center Membership Annual Renewal

CENTER NAME:_____ CENTER MEMBER #_____

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

MEDICAL PROFESSIONAL REPORT

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

If your center offers hippotherapy, you MUST have a PATH Intl. Registered Therapist in Hippotherapy (RT in HT) or Hippotherapy Clinical Specialist (HPCS) at your center. Reference: PATH Intl. Mandatory Standard *H1. Please note your PATH Intl. Registered Therapist(s) in Hippotherapy or Hippotherapy Clinical Specialist(s) (HPCS) on this sheet. If your center offers Equine-Facilitated Psychotherapy (EFP), you MUST have a licensed, certified, etc mental health professional. Reference: PATH Intl. Mandatory Standard *EFP1. Please note your licensed, certified, etc mental health professional on this sheet.

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

Medical Professional's Name*	Member #	Credentials (license, certification, etc.) See examples below

Please attach a separate sheet for additional instructors if necessary.
***If the medical professional is not a PATH Intl. member, please include medical professional's address, telephone number and email address on a separate sheet.**
Examples of credentials (license, certifications, etc.): Psychiatrist, Psychologists, Social Worker, PT, OT, SLP, RN, MS, RT, HPCS