## Professional Association of Therapeutic Horsemanship International
## PREMIER ACCREDITED CENTER CHANGE NOTIFICATION FORM

A Professional Association of Therapeutic Horsemanship International Premier Accredited Center may be revisited at any time as determined by the PATH Intl. Sub-Accreditation Committee. The Accreditation Sub-Committee will review this form and any necessary attachments. If the need for a revisit is deemed necessary, the center will be advised of any revisiting fees and requirements. Failure to agree to a revisit will result in cancellation of Accreditation status.

Any changes to your center's information must be submitted to PATH Intl. within 30 days. All changes must be made using this form. Changes received via telephone or email will not be accepted.

_____ _____ _____

*Name of PATH Intl. Premier Accredited Center* *Center Membership Number* *Date of Last Accreditation Site Visit*

_____ _____ _____

*Address* *City* *State*

Changes have been made in the following areas since our last accreditation visit:

1. Change in center name, contact information, or contact person: ☐ Yes ☐ No
   If yes, attach sheet detailing new information (be specific): list both old and new information.

2. Change in location of program activities: ☐ Yes ☐ No
   If yes, check appropriate box and attach sheet detailing new information (be specific) and include a PATH Intl. Center Accreditation Self Study Form:
   - This location is in addition to the location for program activities that was visited during our accreditation visit.
   - This location replaces the location for program activities that was visited during our accreditation visit.
   - Removing 1 or more locations that were visited during our accreditation visit.

3. Change in personnel: ☐ Yes ☐ No
   If yes, check appropriate box and attach sheet detailing new information (be specific):
   - Add instructor(s) - (and please note their level of PATH Intl. certification as well):
   - Remove instructor(s)
   - Add instructor that replaces another instructor.
   - Add or remove executive director/program director

4. Change in program activities: ☐ Yes ☐ No

| If yes, check appropriate box | Add | Delete: | Name and Credentials | Date Added/Removed | Self Study |
|---|---|---|---|---|---|
| Driving | ☐ | ☐ | | | ☐ |
| Hippotherapy* | ☐ | ☐ | | | ☐ |
| Equine Facilitated Psychotherapy* | ☐ | ☐ | | | ☐ |
| Interactive Vaulting | ☐ | ☐ | | | ☐ |
| Therapeutic Riding | ☐ | ☐ | | | ☐ |

*Include credentialing documentation or therapist when adding hippotherapy or equine facilitated psychotherapy

Only persons granted authority by the center to make changes to the center's information can do so through the PATH Intl. office. If personnel granted authority is/are no longer affiliated with the center, an explanation of change in personnel and name of new contact person must be drafted on the center's letterhead and must accompany this change notification form.

By signing this form, I verify that the information provided is accurate to the best of my knowledge and that the above listed PATH Intl. Premier Accredited Center is in full compliance with all mandatory and applicable standards in accordance with current PATH Intl. accreditation and center membership requirements:

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*Signature (must be an authorized individual for the center)* *Printed Name* *Date*

Complete and mail to: PATH Intl. • PO Box 33150 • Denver • CO 80233 • or fax to: 303-252-4610