



PATH
INTERNATIONAL

Professional Association of Therapeutic
Horsemanship International

*Ensuring excellence and changing lives
through equine-assisted activities and therapies*

CEU Preapproval of Educational Courses/Events

(Please type or clearly print in ink)

Requestor Name: _____

Contact Email Address: _____



Date of Event: _____ **Duration of Event:** _____

Course Location: _____



Description/Summary:

Type/s of Continuing Education Unit (CEU) Requested (circle all that apply):

Disability Education (DE) General Education (CE) Core Requirement (CR)

For CR hours—if applicable (circle all that apply): **ESMHL** **Riding** **Driving** **Vaulting**

Number of CEUs Requested:

Learning Objectives:

Speaker/Presentation Bio(s):

Method of Student Evaluation (if applicable):

Upon approval you will be notified of the number of hours and CEU categories that apply to your education event so that you may provide that information in your marketing registration materials.

PLEASE NOTE THE FOLLOWING WHEN MARKETING YOUR COURSES: Professional Association of Therapeutic Horsemanship®, PATH Intl.®, PATH Intl. Ensuring excellence and changing lives through equine-assisted activities and therapies®, and the PATH Intl. logo are PATH Intl. registered trademarks and may not be used without PATH Intl. permission. **PATH Intl.® intellectual assets, including the registered association name and logo will be protected at all times. Only sponsors at designated levels will be permitted to use the PATH Intl. name or logo for any commercial purpose or in connection with the promotion of any product or service.**

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