

# 2019 Professional Association of Therapeutic Horsemanship International Center Membership Renewal Booklet



Congratulations on another year of providing equine-assisted activities and therapies to over 62,000 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 access to Equestrian Professionals, recognition through the annual awards programs of your participants, volunteers and staff; and resources like the annual edition of the PATH Intl. Standards for Certification and Accreditation.

## Renewing Online

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 Kim Sperry [ksperry@pathintl.org](mailto:ksperry@pathintl.org). *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 2019 membership year.
- If you don't have exact year end data, please approximate.
- 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.
- The information supplied for the center is aggregated with other center's data and provided to sponsors, fundraisers and other stakeholders on the association's fact sheet.

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:

Kim Sperry, Membership Representative - Centers  
(800) 369-7433, ext. 121 ▪ [ksperry@pathintl.org](mailto:ksperry@pathintl.org)

Carrie Garnett, Director of Membership & Technology  
(800) 369-7433, ext. 116 ▪ [cgarnett@pathintl.org](mailto:cgarnett@pathintl.org)

# 2019 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	\$390
Small Budget	\$25,000 - \$149,999	\$600
Medium Budget	\$150,000 - \$299,999	\$940
Large Budget	\$300,000 - \$1,000,000	\$1300
Very Large Budget	Greater than \$1,000,000	\$2185

**Centers may also complete your center renewal booklet and make your payment online. Go to [www.pathintl.org](http://www.pathintl.org) on the PATH Intl. Centers page in the quick links box.**

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

Center Name: \_\_\_\_\_ Center Membership # \_\_\_\_\_

Packet Completed by: \_\_\_\_\_ PAC or Center Member: \_\_\_\_\_

<b>PAYMENT INFORMATION:</b>	
<b>2019 PATH Intl. Center Membership Dues:</b> (based on budget size, see above schedule)	\$ _____
<b>Annual Operating Budget:</b> \$ _____	
<b>PAC Accreditation Fee:</b> \$150.00 for centers accredited	\$ _____
<b>Late Fee if postmarked after January 15, 2019:</b> (\$60.00)	\$ _____
Please consider a donation to support PATH Intl.’s mission to change and enrich lives by promoting excellence in equine assisted activities and therapies. (Recommendation of \$1 per program equine)	\$ _____
Total Amount enclosed _____	\$ _____
<b>Payment method:</b> <input type="checkbox"/> Check # _____ <input type="checkbox"/> Paid Online (eCheck or Credit Card)	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card Number: _____	Expiration Date: _____ CVV Code _____
Signature: _____	Printed Name: _____
<input type="checkbox"/> Payment sent separately from completed booklet	

Check only if you have made changes to the center’s contact information either in this packet or have made changes to your contact information online. A Change Notification Form is still required for all other changes to the center’s program (adding or deleting a program or personnel changes). Changes for Premier Accredited Centers are subject to review by the Accreditation Sub-Committee.

By signing below I acknowledge that I am aware and authorized to make these changes.

\_\_\_\_\_  
(Legally Authorized Center Representative)

### **Important Renewal Information:**

- Center membership runs January 1<sup>st</sup> through December 31<sup>st</sup> 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](http://www.pathintl.org) by January 15, 2019. **Renewals postmarked after January 15, 2019 must include a \$60 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 2019 PATH Intl. Center Membership Renewal Booklet
- Membership Dues
- Accreditation fee, if applicable
- \$60.00 late fee, if applicable
- Center Contact Information
- Center Information Report
- Center Statistics Report
- Instructor Report
- Insurance Compliance Form
- 2019 PATH Intl. Center Annual Statement of Compliance
- 2019 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 standards and 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.

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### CURRENT 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: \_\_\_\_\_

\*When the primary contact, fundraiser and executive director provide a unique email address for each person, they will have access to the center's online membership benefits and able to manage the center's information.

Addresses for your center:

**Center's Business (Physical) address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Center's Billing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List above as center's primary 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 2018 (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 spends on marketing, including fundraising materials? \_\_\_\_\_
5. Please indicate the following for your center's sources of income (if applicable):  
 Government  In Kind  Corporations  
 Foundations  Individual Donations  United Way  
 Fundraisers  Participant Fees  School/University
6. Does your center have a newsletter?  Yes  No If yes, is it published:  Yearly  Quarterly  Monthly  Other
7. Please indicate if your center has the following:  Marketing Materials  Strategic Plan  Business Plan  Annual Fundraiser

## CENTER STATISTICS REPORT

PLEASE INDICATE THE FOLLOWING STATISTICS FOR YOUR CENTER FOR 2018 (APPROXIMATE IF NECESSARY)

### Equine Profile:

1. Do you have equines participating in EAAT as their second career?  Yes  No
  2. What was their first career? \_\_\_\_\_
  3. How many equines are involved in your program?
    - Donkeys: \_\_\_\_\_
    - Horses: \_\_\_\_\_
    - Miniature Horses: \_\_\_\_\_
    - Mules: \_\_\_\_\_
    - Ponies: \_\_\_\_\_
    - Mustangs: \_\_\_\_\_
- Total Equines:** \_\_\_\_\_

### Staff Profile:

- 4a. How many individuals are currently employed (paid) by your center? \_\_\_\_\_
- 4b. 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) \_\_\_\_\_
- 4c. On average how many hours a week do your instructors work (prepare, files, teach, etc.)? \_\_\_\_\_
- 5a. How many PATH Intl. Certified Instructors work or volunteer at your center? \_\_\_\_\_
- 5b. How many non-PATH Intl. Certified Instructors work or volunteer at your center? \_\_\_\_\_

### Volunteer Profile:

6. How many people volunteer at your center? \_\_\_\_\_
7. Hours per week served by the average volunteer? \_\_\_\_\_
8. Do you perform background checks on your volunteers?  Yes  No

### Internships and Mentorship Programs:

9. Does your center offer internships?  Yes  No
10. Does your center offer mentorship programs for PATH Intl. instructors?  Yes  No If yes, do you charge?  Yes  No
11. Does your center offer:  Group Lessons Only  Individual Lessons Only  Both Group and Individual Lessons
12. Is your center interested in mentoring international centers/programs?  Yes  No

**Participant Profile:**

13. 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:** \_\_\_\_\_

14. How many veterans do you serve at your center? \_\_\_\_\_

15. Hours per week received by the average participant: \_\_\_\_\_

16. Does your center have a waiting list? Yes No If yes, how many are on that list? \_\_\_\_\_

**Operations:**

17. How many days of the week does your center operate? \_\_\_\_\_

18. 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.

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

**Services and programs:**

20. Please check the disabilities your center serves:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ADD or other Hyperactivity Disorder    | <input type="checkbox"/> Genetic Conditions/Disorders | <input type="checkbox"/> Speech Impairment         |
| <input type="checkbox"/> Alzheimer's/Dementia                   | <input type="checkbox"/> Head Trauma/Brain Injury     | <input type="checkbox"/> Spina Bifida              |
| <input type="checkbox"/> Amputee                                | <input type="checkbox"/> Hearing Impairment           | <input type="checkbox"/> Spinal Cord Injury        |
| <input type="checkbox"/> At Risk Youth                          | <input type="checkbox"/> Intellectual Disability      | <input type="checkbox"/> Stroke                    |
| <input type="checkbox"/> Autism                                 | <input type="checkbox"/> Learning Disability          | <input type="checkbox"/> Substance Abuse           |
| <input type="checkbox"/> Cerebral Palsy                         | <input type="checkbox"/> Multiple Sclerosis           | <input type="checkbox"/> Terminal Illness          |
| <input type="checkbox"/> Developmental Delay or Disability      | <input type="checkbox"/> Muscular Dystrophy           | <input type="checkbox"/> Violence, Abuse or Trauma |
| <input type="checkbox"/> Down Syndrome                          | <input type="checkbox"/> Orthopedic Issues            | <input type="checkbox"/> Visual Impairment         |
| <input type="checkbox"/> Emotional, Behavioral or Mental Health | <input type="checkbox"/> Paralysis                    | <input type="checkbox"/> Weight Control Disorders  |
| <input type="checkbox"/> Epilepsy/Seizure Disorders             | <input type="checkbox"/> PTSD                         |  |

21. Please check the activities your center provides:

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

22. Please check the organizations with which your center works:

- |   |  |
|---|--|
| <input type="checkbox"/> Government Agency (including judicial)   | <input type="checkbox"/> Nursing Home          |
| <input type="checkbox"/> Group Home or other Residential Facility | <input type="checkbox"/> School or University  |
| <input type="checkbox"/> Hospice                                  | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Hospital                                 | <input type="checkbox"/> Wellness Programs     |
| <input type="checkbox"/> Leadership Programs (Boy/Girl Scouts)    |  |

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 determine 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:**

Member centers will be notified of updates made to the Professional Association of Therapeutic Horsemanship International Standards for Certification & Accreditation manual each year. **Your center may download the manual for free from the PATH Intl. website at any time.** 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](http://www.pathintl.org) or call the PATH Intl. office at (800) 369-7433 to order.

**2019 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 A2 in the Professional Association of Therapeutic Horsemanship International Standards for Certification & Accreditation.

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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: \_\_\_\_\_

Named Insured on Policy:

\_\_\_\_\_

Expiration date \_\_\_\_\_

Policy # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Legally Authorized Center Representative)*

Print Name: \_\_\_\_\_





**Professional Association of Therapeutic Horsemanship International Center Membership  
Annual Renewal**



**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 or Hippotherapy Clinical Specialist (HPCS) at your center. Reference: PATH Intl. Mandatory Standard \*MMH 1 and \*MMH4. 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 \*MMH1. 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.**)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

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