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 Karen Province at kprovince@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:

Karen Province, Lead Membership Representative - Centers
(800) 369-7433, ext. 103 • kprovince@pathintl.org

Carrie Garnett, Director of Membership & Technology
(800) 369-7433, ext. 116 • cgarnett@pathintl.org
PATH Intl. Center Membership Structure—Dues are based on the size of a PATH Intl. center’s operating budget (defined as total operating expenses).

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<tr>
<th>Budget Size</th>
<th>Dollar Amount</th>
<th>Dues</th>
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<tr>
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<td>$390</td>
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<tr>
<td>Small Budget</td>
<td>$25,000 - $149,999</td>
<td>$600</td>
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<tr>
<td>Medium Budget</td>
<td>$150,000 - $299,999</td>
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<tr>
<td>Large Budget</td>
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<tr>
<td>Very Large Budget</td>
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Centers may also complete your center renewal booklet and make your payment online. Go to 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: _________________________

PAYMENT INFORMATION:

2020 PATH Intl. Center Membership Dues: (based on budget size, see above schedule) $______

Annual Operating Budget: $______

PAC Accreditation Fee: $150.00 for centers accredited $______

Late Fee if postmarked after January 15, 2020 (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 $______

Payment method: ☐ Check # ________ ☐ Paid Online (eCheck or Credit Card)
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: ___________________________ Expiration Date: __________ CVV Code __________

Signature: ___________________________ Printed Name: ___________________________

☐ 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 1st through December 31st 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, 2020. **Renewals postmarked after January 15, 2020 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 2020 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
- 2020 PATH Intl. Center Annual Statement of Compliance
- 2020 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.

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: ____________________________

Name of one authorized individual: __________________________________________

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, executive director, and authorized individual 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 Physical/Shipping 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 2019 (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. If yes, what was their first career?  Check all that apply:
   □ English Discipline  □ Western Discipline  □ Pleasure  □ Rescue  □ Race Horse
   □ Trail  □ Carriage/Driving  □ Mounted Patrol/ Law Enforcement  □ Other: ____________________________
3. How many equines are involved in your program?
   • Donkeys: __________             • Mules: __________
   • Horses: __________             • Ponies: __________
   • Miniature Horses: __________  • 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: __________

Operations:

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

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:

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

21. Please check the activities your center provides:
   - 4-H ☐
   - Animal Assisted Activities with Non-Equines ☐
   - Backriding/Tandem Hippotherapy ☐
   - Camps (Summer, Day or Other) ☐
   - Competition (Special Olympics, Paralympics) ☐
   - Drill Team ☐
   - Driving ☐
   - Equine Facilitated Learning ☐
   - Equine Facilitated Psychotherapy ☐
   - Grooming & Tacking ☐
   - Ground Work ☐
   - Hippotherapy ☐
   - Mobile Community Programs ☐
   - Recreational Riding ☐
   - Spiritual-Based Programs ☐
   - Therapeutic Riding ☐
   - Vaulting/ Interactive Vaulting ☐
   - Veterans Program ☐
   - Vocational Training ☐

22. Please check the organizations with which your center works:
   - Government Agency (including judicial) ☐
   - Group Home or other Residential Facility ☐
   - Hospice ☐
   - Hospital ☐
   - Leadership Programs (Boy/Girl Scouts) ☐
   - Nursing Home ☐
   - School or University ☐
   - Rehabilitation Center ☐
   - Wellness Programs ☐
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 or call the PATH Intl. office at (800) 369-7433 to order.
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.


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: ____________________________
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. Registered Through Reciprocity Certification Process or PATH Intl. Equine Specialist in Mental Health and Learning. This applies to ALL PATH Intl. Centers. Reference: PATH Intl. Mandatory Standard *MA1, *GA1 and/or *MMH5.

If your center offers driving, you MUST have a PATH Intl. Certified Driving Instructor at your center. Reference: PATH Intl. Mandatory Standard *DA1. If your center offers interactive vaulting, you MUST have a PATH Intl. Certified Vaulting Instructor at your center. Reference: PATH Intl. Mandatory Standard *VA1. 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.

<table>
<thead>
<tr>
<th>Credentialed Professional’s Name*</th>
<th>Member #</th>
<th>PATH Intl. Certification(s)</th>
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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.
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

<table>
<thead>
<tr>
<th>Medical Professional’s Name*</th>
<th>Member #</th>
<th>Credentials (license, certification, etc.**)</th>
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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

2020 PATH Intl. Center Membership Renewal