# 2015 Professional Association of Therapeutic Horsemanship International Center Membership Renewal Booklet



Congratulations on another year of providing equine-assisted activities and therapies to over 40,000 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 the Foundation Directory Online; 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 Kimberly Price. 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 2014 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:

Kimberly Price, Member Services Rep., Center Membership (800) 369-7433, ext. 111 • kprice@pathintl.org
Carrie Garnett, Membership Operations Manager (800) 369-7433, ext. 116 • cgarnett@pathintl.org
Sam Albrecht, Director of Programs and Membership (800) 369-7433, ext. 127 • salbrecht@pathintl.org

# 2015 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 Member's operating budget (defined as total operating expenses).

Budget Size	Dollar Amount	Dues
Very Small Budget	\$0 - \$24,999	\$375
Small Budget	\$25,000 - \$149,999	\$575
Medium Budget	\$150,000 - \$299,999	\$900
Large Budget	\$300,000 - \$1,000,000	\$1250
Very Large Budget	Greater than \$1,000,000	\$2100

Centers may also complete your center renewal booklet and make your payment online. Go to <a href="www.pathintl.org">www.pathintl.org</a> on the PATH Intl. Centers page in the quick links box.

Are you are Premier Accredited Center? Don't forget to pay your accreditation fees.

PAYMENT INFORMATION:				
Please check here if your completed booklet will be sent separately from your payment:   Payment sent separately				
2015 PATH Intl. Center Membership Dues:	(based on budget size, see above schedule)	\$		
Annual Operating Budget: \$				
PAC Accreditation Fee: \$150.00 for accredited	d centers	<u>\$</u>		
Late Fee if postmarked after January 15, 2015: (	(\$50.00)	<u>\$</u>		
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)				
Total Amount enclosed	1	\$		
Payment method:   Check #				
Credit Card Number:	Expiration Date	:		
Signature: Printed Name:				
Signature.				
Listed below is some of the information currently	y listed in our files for your center. This inforn	nation may be helpful when		
	y listed in our files for your center. This inforn	nation may be helpful when tter's information.		

## **Important Renewal Information:**

- Center membership runs January 1<sup>st</sup> through December 31<sup>st</sup> each year. All PATH Intl. Center Members 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 <a href="www.pathintl.org">www.pathintl.org</a> by January 15, 2015. Renewals postmarked after January 15, 2015 must include a \$50 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 r
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Complete 2015 PATH Intl. Center Membership Renewal Booklet
Membership Dues
Accreditation fee, if applicable
\$50.00 late fee, if applicable
Center Contact Information
Center Information Report
Center Statistics Report
☐Instructor Report
Insurance Compliance Form
2015 PATH Intl. Center Annual Statement of Compliance
2015 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.

Center's Name:		Center Number:
		Phone:
Cell Phone:	Fax:	
		E-mail:
Name of Primary Center Contact:		
Phone:	Email:	Title:
Person responsible for fundraising for your cent	er:	
Phone:	Email:	Title:
Executive Director or equivalent (the person wh	o has the overall ad	ministrative authority for the center):
Name:	Email:	Title: de a unique email address for each person, they will have access t
*When the primary contact, fundraiser and exec the center's online membership benefits and abl		
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 2014 (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):  □ Federal □ In Kind □ State			
	☐ 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.				
8.				
	CENTER STATISTICS REPORT			
	PLEASE INDICATE THE FOLLOWING STATISTICS FOR YOUR CENTER FOR 2014 (APPROXIMATE IF NECESSARY)			
Eq	uine Profile:			
1.	How many equines are involved in your program?			
	• Donkeys: • Mules:			
	• Horses: • Ponies:			
	Miniature Horses:  Total Equines:			
Sta	aff Profile:			
	. How many individuals are currently employed (paid) by your center?			
2b.	. 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)			
2b.	. On average how many hours a week do your instructors work (prepare, files, teach, etc)?			
Vo	olunteer Profile:			
4. I	How many people volunteer at your center?			
5. I	Hours per week served by the average volunteer?			
6. I	Do you perform background checks on your volunteers? □Yes □No			
Int	ternships and Mentorship Programs:			
7.	Does your center offer internships? □Yes □No			
8.	Does your center offer mentorship programs for PATH Intl. instructors? □Yes □No If yes, do you charge? □Yes □No			
9.	. Does your center offer:   Group Lessons Only   Individual Lessons Only   Both Group and Individual Lessons			
10.	. Is your center interested in mentoring international centers/programs?			

Participant Profile:		
11. How many participants in each age group did	your center serve?	
• 2-5:	• 31-50:	<u></u>
• 6-10:	• 51-65:	<u> </u>
• 11-18:	• 65+ :	<u> </u>
• 19-30:	TOTAL:	<del>_</del>
12. How many veterans do you serve at your cent		
13. Hours per week received by the average partic	* · · · · · · · · · · · · · · · · · · ·	
14. Does your center have a waiting list? □Yes	□No If yes, how many are on that list?	<u> </u>
Operations:		
14. How many days of the week does your center	<u> </u>	
15. Indicate the months in which your center open	-	
-	May $\square$ June $\square$ July $\square$ Aug. $\square$ Sept.	
16. Does your center offer memberships to partici	pants, family members, sponsors, etc? $\square$ Yes	s □No
Services and programs:		
17. Please check the disabilities your center serve	s:	
☐ ADD or other Hyperactivity Disorder	☐ Head Trauma/Brain Injury	☐ Speech Impairment
☐ Amputee	☐ Hearing Impairment	□ Spina Bifida
☐ At Risk Youth	☐ Learning Disability	☐ Spinal Cord Injury
☐ Autism	☐ Intellectual Disability	☐ Stroke
☐ Cerebral Palsy	☐ Multiple Sclerosis	☐ Substance Abuse
☐ Developmental Delay or Disability	☐ Muscular Dystrophy	☐ Terminal Illness
☐ Down Syndrome	☐ Orthopedic Issues	☐ Violence, Abuse or Trauma
☐ Emotional, Behavioral or Mental Health	☐ Paralysis	☐ Visual Impairment
☐ Genetic Conditions/Disorders	□ PTSD	☐ Weight Control Disorders
18. Please check the activities your center provide	es:	
□ 4-H	☐ Driving	☐ Mobile Community Programs
☐ Animal Assisted Activities with Non-Equines	☐ Equine Facilitated Learning	☐ Recreational Riding
☐ Backriding/Tandem Hippotherapy	☐ Equine Facilitated Psychotherapy	☐ Therapeutic Riding
☐ Camps (Summer, Day or Other)	☐ Grooming & Tacking	☐ Vaulting/ Interactive Vaulting
☐ Competition (Special Olympics, Paralympics)	☐ Ground Work	☐ Veterans Program
☐ Drill Team	☐ Hippotherapy	☐ Vocational Training
19. Please check the organizations with which you	r center works:	
☐ Government Agency (including judicial)	☐ Nursing Home	
☐ Group Home or other Residential Facility	☐ School or University	
☐ Hospice	☐ Rehabilitation Center	
☐ Hospital	☐ Wellness Programs	
☐ Leadership Programs (Boy/Girl Scouts)		

# Professional Association of Therapeutic Horsemanship International Center Membership Annual Renewal 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. Master Instructor Certification, an instructor certified via the PATH Intl. Adjunct Certification Process or PATH Intl. Equine Specialist in Mental Health and Learning. This applies to <u>ALL PATH Intl. Center Members. Reference: PATH Intl. Mandatory Standard \*MA1, \*GA1 and/or \*MMH5.</u>

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

# Credentialed Professional's Name\* Member # Level of PATH Intl. Certification PATH Intl. Specialty Certification

Please attach a separate sheet for additional instructors if necessary.

<sup>\*</sup>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

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

Please attach a separate sheet for additional instructors if necessary.

<sup>\*</sup>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

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



### PATH INTL. CENTER MEMBER 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 Member" describes the operation of the center site, program and activities by center personnel. Membership requirements are that PATH Intl. Center Members 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 <u>Professional Association of Therapeutic Horsemanship International Standards for Certification & Accreditation.</u>

I hereby affirm that our center meets all the requirements established in the Statement of Compliance, and is adhering to all

- 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.

requirements of PATH Intl. Center Membership.

Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

(Legally Authorized Center Representative)

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

# PATH INTL. PREMIER ACCREDITED CENTER MEMBERS ARE REQUIRED TO COMPLETE THE FOLLOWING PORTION OF THIS REPORT IN ADDITION TO THE ABOVE PORTION.

PATH
INTERNATIONAL
Professional Association of Therapeutic
Horsemanship International

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 determines 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 Member 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: (Legally Author	ized Center Representative)	Date:	
Print Name:	tica come rapresentative)	Center Name:	

## Important Notice for ALL Centers:

As a membership benefit, center members receive updates made to the <u>Professional Association of Therapeutic Horsemanship International Standards for Certification & Accreditation manual each year. Your center will receive 1 CD-ROM version of the complete manual when updated. 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.</u>

# 2015 PROFESSIONAL ASSOCIATION OF THERAPEUTIC HORSEMANSHIP INTERNATIONAL CENTER MEMBERINSURANCE 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 <u>Professional Association of Therapeutic Horsemanship International Standards for Certification & Accreditation.</u>

By signing this compliance report, I hereby acknowledge that I have read and fully understand PATH Intl.'s <u>recommended</u> 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:		
Name on Declaration Page:		
Named Insured on Policy:		
Expiration date		
Policy #		
Signature:	Date:	
(Legally Authorized Center Representative)		
Print Name:		