



# PATH Intl. Registered Therapist\* Application

\*By definition, a PATH Intl. Registered Therapist is a licensed/credentialed therapist/health professional (PT, OT, SLP) or certified therapist assistant (COTA, PTA) who provides therapy services incorporating equine movement and the equine environment and has registered for recognition from PATH Intl. upon completion of AHA, Inc., approved coursework and the requisite number of hours of practice in hippotherapy sessions.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

Please complete the checklist below and include all documents with application:

**1. Membership:**

Current PATH Intl. Professional Membership (Member Number: \_\_\_\_\_)

**2. Professional Credentials:**

Copy of state recognized license as a Physical Therapist, Occupational Therapist, Speech-Language Pathologist, Physical Therapy Assistant, Certified Occupational Therapy Assistant or Speech-Language Pathologist Assistant.

**3. PATH Intl. Coursework:**

Successful completion of the PATH Intl. Standards Course and exam. (Exam score valid for one year)

**4. Qualifications:**

**Option 1: Industry Credentials**

Copy of American Hippotherapy Certification Board (AHCBS) Certified Therapist certificate or AHCBS Certified Hippotherapy Clinical Specialist (HPCS) certification.

OR

**Option 2: Education and Experience in Hippotherapy with the American Hippotherapy Association, Inc.**

Copy of AHA, Inc. Hippotherapy Treatment Principles – **Part 1 certificate**

Copy of AHA, Inc. Hippotherapy Treatment Principles – **Part 2 certificate**

**PLUS ONE of the following:**

**A written letter from the below identified individual reporting** that the applicant completed a minimum number of 20 supervised, one-on-one treatment hours that incorporated hippotherapy supervised by the below named PATH Intl. Registered Therapist and/or AHCBS Certified Therapist or AHCBS-HPCS.

Name of the supervising PATH Intl. Registered Therapist, AHCBS Certified Therapist or AHCBS-HPCS:

\_\_\_\_\_

OR

**Two professional references**, using the form provided, reporting a combined total of 20 hours actively involved in hippotherapy sessions.

**5. Application Fee:**

\$25.00 application fee paid by (select one): \_\_\_\_\_ Check (#\_\_\_\_\_) \_\_\_\_\_ Online invoice via  
PATH Intl. membership account

Please send all the above to:  
PATH Intl.  
PO Box 33150  
Denver, CO 80233



## PATH Intl. Registered Therapist Application

### Professional Reference

Please type or print clearly in ink

Candidate's Name: \_\_\_\_\_ PATH Intl. Member ID # \_\_\_\_\_

To the Reference: The above-named person is a candidate for the PATH Intl. Registered Therapist designation. PATH Intl. Registered Therapists are responsible for ensuring safety of participants and welfare of equines in hippotherapy activities. You are being asked to describe your knowledge of the candidate's ability to safely and effectively conduct hippotherapy activities within the scope of their practice and licensure.

**Reference's Information:**

Name: \_\_\_\_\_ Program/Practice: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I am a licensed (a minimum of one must be selected):**

- Physical Therapist   
  Occupational Therapist   
  Speech-Language Pathologist   
  Physical Therapy Assistant  
 Certified Occupational Therapy Assistant   
  Speech-Language Pathologist Assistant

**I also hold the following hippotherapy related credentials (optional):**

- AHCB Certified Therapist   
  AHCB-HPCS   
  PATH Intl. Registered Therapist

**Please answer the following questions:**

Number of **years** of personal clinical experience treating and handling patients as a licensed therapist: \_\_\_\_\_

Number of **hours** you have actively participated in delivering hippotherapy as a licensed therapist: \_\_\_\_\_

Number of **hours** you have directly observed the candidate delivering one-on-one treatment incorporating hippotherapy under the supervision of a PATH Intl. Registered Therapist, AHCB Certified Therapist or AHCB-HPCS: \_\_\_\_\_

**Please rate candidate's performance of the following skills  
based your observations of the candidate's delivery of hippotherapy:**

Skill	SUPERB	GOOD	FAIR	POOR	UNSURE
Understanding of the principles of hippotherapy as a therapy tool/strategy					
Ability to assess if hippotherapy is an effective treatment tool/strategy to achieve patient goals					
Proficiency in matching equines to patients to maximize effectiveness of hippotherapy as a therapy tool/strategy					
Knowledge of selection and use of equipment for both equine and patient					
Ability to develop treatment plans that incorporate equine movement					
Ability to utilize school figures, movement and gait transitions to maximize the effects of equine movement as a therapy tool/strategy					
Ability to assess treatment results towards functional outcomes					
Ability to partner with other treatment professionals					
Leadership of the hippotherapy team					
Application of appropriate safety procedures					
Adherence to scope of practice and licensure					
Knowledge of and adherence to PATH Intl. Standards and Code of Ethics					

***I hereby affirm that the information provided on this form is accurate and factual.***

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_