



PATH Intl. CEU Preapproval of Educational Course/Activity

Using this form:

- Use a separate form for **EACH** course/activity you are seeking preapproval for.
- Submission of a preapproval request includes payment as follows:
 - o \$20 per CEU PATH Intl. PACs
 - o \$30 per CEU PATH Intl. Members (center, participating, professional or professional plus member)
 - o \$40 per CEU non-members

Preapproval request forms will not be considered until payment is received in full.

Upon approval you will be notified via email of the number of hours and CEU categories that apply to your course or activity so that you may provide that information in your marketing and registration materials. PLEASE NOTE THE FOLLOWING WHEN MARKETING YOUR COURSES/ACTIVITIES: Professional Association of Therapeutic Horsemanship®, PATH Intl.®, *Professionals. Horses. Transformation. Ensuring Excellence and Changing Lives.*®, 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. CEU preapproval does not authorize the requestor to use PATH Intl. trademarked material.**

Requestor Name: _____

Requestor Type: PATH Intl. Member Center PATH Intl. PAC

PATH Intl. Member (participating, professional or professional plus member)

I am not a member of PATH Intl.

Contact Email Address: _____

What is the discount being offered to PATH Intl. Members? _____



Name/Title of Course/Activity: _____

Date of Course/Activity: _____ **Duration of Course/Activity:** _____

Location: _____



Description/Summary:

Schedule/Agenda:

Learning Objectives for Course/Activity (please specify the amount of time spent on each objective):

Speaker/Presenter Bio(s):

Method of Student Evaluation (if applicable):

Individuals that successfully complete this course/activity are provided with (select one):

- A certificate of completion, participation, attendance, etc. (specify type): _____
- No particular documentation of completion
- Other (please specify): _____

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

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

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

Total Number of CEUs Requested (1 CEU = 1 clock hour): _____

- I have read, understand and agree to the PATH Intl. Logo Use policy

I have submitted payment via (check one):

- the [PATH Intl. online store](#)

OR

- Paper check (made payable to PATH Intl.)

TOTAL AMOUNT*: \$ _____

Signature: _____

Please submit your completed form to PATH Intl. via mail: PATH Intl. ♦ P.O. Box 33150 ♦ Denver, CO 80233

OR email: education@pathintl.org