Congratulations on another year of providing equine-assisted services to over 62,000 participants worldwide and 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 member benefits like access to the GrantStation website, 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 and authorized use of the PATH Intl. member logo.

**Renewing Online**

The primary contact for your center may renew online, utilizing access to your center’s account through the PATH Intl. website. Please go to [http://www.pathintl.org](http://www.pathintl.org) and click on the “My Portal” link to log in. Once logged in, you may complete the form under the “Center Profile” drop down menu, renew the center membership, and pay the fee on the “Subscriptions” tab. If you choose to renew online you do not need to submit this booklet. If you prefer to use this booklet to renew your center membership (instead of renewing online), you may mail the completed booklet to: PATH Intl.; PO Box 33150; Denver, CO 80233

Your center membership dues are based on the size of your center’s operating budget. If that has changed since last year, please indicate the correct amount on this form or update the form in the portal prior to renewing the membership on the subscriptions page. PATH Intl. will conduct audits to confirm dues are consistent with reported finances. The information centers report with this booklet is aggregated and provided to sponsors, fundraisers, and other stakeholders on the association’s fact sheet.

As you provide the information requested, please keep the following important instructions in mind:

- The data you provide in this 2023 booklet reflects the 2022 membership year.
- If you do not have exact year-end data, please approximate.
- When reporting the center operating budget, by definition, this budget reflects the entire operation; including, all operations under a center’s corporation, 501(c)(3), LLC, or other legal entity.

Again, we thank you for your renewal and taking the time to provide the information requested.
PATH Intl. Center Membership Dues Structure: Dues are based on the size of the 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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<tbody>
<tr>
<td>Very Small</td>
<td>$0 — $24,999</td>
<td>$390</td>
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<tr>
<td>Small</td>
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<tr>
<td>Very Large</td>
<td>Greater than $1,000,000</td>
<td>$2,185</td>
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TIP: Center renewal booklets can be competed online by the primary contact for your center. Your annual center dues can also be paid online.

Premier Accredited Center? ☐ YES  ☐ No

Center Name: ____________________________

Center Membership #: ___________________ Premier Accredited Center (PAC)? ☐ YES  ☐ No

Packet Completed By: _____________________ Date: ______________

PAYMENT INFORMATION

2023 PATH Intl. Center Membership Dues (based on budget size, see schedule above): ____________

Annual Operating Budget: $___________

Annual PAC Accreditation Fee ($150 for Premier Accredited Center): ____________

Late Fee ($60 if POSTMARKED after January 16, 2021): ____________

Donation: ☑ Please consider making a donation to support PATH International’s mission to change and enrich lives by promoting excellence in equine-assisted services. (Recommendation of $1 per program equine)

Total Amount Due (Membership Dues + PAC Fee + Late Fee + Donation): ____________

☐ Paid Online (eCheck or Credit Card)  -OR-  ☐ Payment Submitted with this Booklet

☐ Check # ____________

Or if you wish to pay by credit card check here: ☐ You will be contacted for payment information. For security purposes, please do not write your credit card number on forms

☐ Check this box ONLY if you have made changes (in this packet or online) to the center contact information. A change Notification Form is still required for all other changes to the center’s program (i.e. adding or deleting a program or personnel changes). Changes for PACs are subject to review by the Accreditation Sub-Committee. By signing below, I acknowledge that I am aware of this requirement and authorized to make these changes.

Legally Authorized Center Representative Signature __________________________ Date ______________
**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.
- This renewal booklet, including the Center Membership Renewal Invoice page with payment, must be completed and returned to the PATH Intl. office or completed online at www.pathintl.org by January 16, 2023 to avoid late fees.
- Renewals postmarked after January 16, 2023 must include a $60 late fee.
- The final deadline for center membership renewal is March 31, 2023.
- All items must be completed (by mail or electronically) in order to complete the renewal process. Missing reports or incomplete information may delay the processing of your renewal.

Please submit the below checklist of items with your 2023 Center Renewal Booklet, to help ensure you have included everything you need:

- Complete 2023 PATH Intl. Center Membership Renewal Booklet
- Membership Dues
- Accreditation fee, if applicable
- $60.00 late fee, if mailed after 1/16/2023
- Center Contact Information
- Center Information Report
- Center Statistics Report
- Center Diversity, Equity and Inclusion Statistics Report
- 2023 Statement of Compliance
- 2023 Premier Accredited Center Annual Statement of Compliance, if applicable
- 2023 Insurance Compliance Form
- 2023 Credentialed Professional (Instructor) Report
- 2023 Medical Professional Report, if applicable

**For questions or concerns regarding the center renewal process, please contact:**

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

Carrie Garnett  
Director of Membership & Operations  
(800) 369-7433, ext. 116  
cgarnett@pathintl.org

Attn: Center Membership  
PATH Intl.  
PO Box 33150  
Denver, CO 80233

**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.
Set your Center Apart as a Premier Accredited Center!

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. PACs 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 Premier Accredited Center (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 Name: _______________ Center Number: _______________
Center Website: ____________________________
Day Phone: _______________ Night Phone: _______________ Cellular: _______________
Fax: _______________ Center email: __________________________

SHIPPING / PHYSICAL ADDRESS

________________________________________________________

________________________________________________________

BILLING / MAILING ADDRESS

________________________________________________________

________________________________________________________

☐ List above as Primary Address on the PATH Intl. website.  ☐ List above as Primary Address on the PATH Intl. website.

Primary Contact Name: ___________________________ Primary Contact email: ___________________________

*The Primary Contact has access to the center profile, transaction receipts, and membership information through the PATH Intl. member portal for account management.

Executive Director Name & Title: ___________________________ email: ___________________________

*The Executive Director (or equivalent) has overall administrative authority for the center.

☐ Check ONLY if the Executive Director requests online portal access for center profile management.

Authorized Individual & Title: ___________________________ email: ___________________________

*Designate one additional Authorized Individual for online center profile portal access, if desired.

Voting Representative & Title: ___________________________ email: ___________________________

*Centers are encouraged to designate a Voting Representative, who may cast one vote on PATH Intl. ballot items on behalf of the center. The Voting Representative may either vote on behalf of the center OR vote on behalf of themselves as an individual member on any one ballot item. To cast a vote as an individual, individual membership is required; if casting a vote on behalf of the center the center must have a current center membership.

2023 PATH Intl. © Center Membership Renewal
**CENTER INFORMATION REPORT**

*Please provide the following requested 2022 center information, approximate as necessary.*

1. The center was a:  ☐ Non-profit  ☐ For-profit
2. The budget is prepared:  ☐ Annually  ☐ Semi-Annually  ☐ Every Two Years  ☐ As Needed  ☐ None
3. What was the total annual operating budget for last (2022) fiscal year? ____________________________
4. What was the total annual budget for marketing, including fundraising? ____________________________
5. Please indicate the following sources of center income (check all that apply)
   - ☐ Government  ☐ Foundations  ☐ Fundraisers  ☐ In Kind  ☐ Individual Donations
   - ☐ Participant Fees  ☐ Corporations  ☐ United Way  ☐ School or University
6. How frequently was a newsletter published?  ☐ Yearly  ☐ Quarterly  ☐ Monthly  ☐ Other  ☐ None
7. Please indicate if the center had any of the following in 2020:
   - ☐ Marketing Materials  ☐ Strategic Plan  ☐ Business Plan  ☐ Annual Fundraiser

**CENTER STATISTICS REPORT**

*Please provide the following requested 2022 center information, approximate as necessary.*

**Equine Profile**

1. Did you have equines participating in Equine Assisted Services as a second career?  ☐ Yes  ☐ No
2. If yes, please check all first careers that apply:
   - ☐ Carriage/Driving  ☐ Rescue  ☐ Pleasure  ☐ Race Horse  ☐ Western Discipline
   - ☐ English Discipline  ☐ Trail  ☐ Mounted Patrol/Law Enforcement  ☐ Other: __________
3. Total number of equines participating in programs:
   - Donkeys: __________
   - Mules: __________
   - Horses: __________
   - Ponies: __________
   - Miniature Horses: __________
   - Mustangs: __________
   - Total Equines __________

**Staff Profile**

4. How many individuals total are currently employed (paid for work) by the center? _______
   a. How many FTEs (full-time equivalents) does the center have?
      (Number of Employees) X (Total Weekly Hours Worked) ÷ (40 Hours) = _______
   b. How many hours per week (on average) do instructors work (preparing, filing, teaching, etc.)? _______
   c. How many professionals are Certified PATH Intl. Instructors work or volunteer at the center? _______
   d. How many non-PATH Intl. Certified Instructors work or volunteer at the center? _______
Volunteer Profile
5. How many people volunteer at the center? ______
6. How many hours per week do center volunteers serve on average? ______
7. Do you perform background checks on center volunteers? ☐ Yes ☐ No

Internship & Mentorship Programs
8. Does the center offer Internships? ☐ Yes ☐ No
9. Does the center offer Mentoring Programs for Instructors in Training? ☐ Yes ☐ No
10. Does the center charge for Mentoring Instructors in Training? ☐ Yes ☐ No
11. Does the center offer International Center Mentoring for centers and programs? ☐ Yes ☐ No
12. Check all lesson types the center offers: ☐ Group Lessons ☐ Individual Lessons

Participant Profile
13. How many participants in each age group did your center serve?
   ______ Ages 2-5       ______ Ages 19-30       ______ Ages 66+
   ______ Ages 6-10      ______ Ages 31-50
   ______ Ages 11-18     ______ Ages 51-65       ______ Total Participants
14. How many hours per week do participants receive on average? ______
15. Does the center have a Participant Waitlist? ☐ Yes ☐ No  If ‘Yes’, average # on Waitlist: ______
16. How many of the participants served at the center are Veterans? ______

Operations
21. How many days per week does the center operate? ______
22. Which months of the year does the center operate?:
   ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December
23. Does the center offer Memberships to Participants, Family Members, Sponsors, et cetera? ☐ Yes ☐ No

Services & Programs
24. Please check the conditions and disabilities served by the center:
   ☐ ADD or other Hyperactivity Disorder ☐ Genetic Conditions/Disorders ☐ Speech Impairment
   ☐ Alzheimer’s/Dementia ☐ Head Trauma/Brain Injury ☐ Spina Bifida
   ☐ Amputee ☐ Hearing Impairment ☐ Spinal Cord Injury
   ☐ At Risk Youth ☐ Intellectual Disability ☐ Stroke
   ☐ Autism ☐ Learning Disability ☐ Substance Abuse
   ☐ Cerebral Palsy ☐ Multiple Sclerosis ☐ Terminal Illness
   ☐ Developmental Delay or Disability ☐ Muscular Dystrophy ☐ Violence, Abuse or Trauma
   ☐ Down Syndrome ☐ Orthopedic Issues ☐ Visual Impairment
   ☐ Emotional, Behavioral or Mental Health ☐ Paralysis ☐ Weight Control Disorders
   ☐ Epilepsy/Seizure Disorders ☐ Post-Traumatic Stress Disorder
25. Please check the **activities** provided by the center:

- [ ] 4-H
- [ ] Non-Equine Animal Assisted Activities
- [ ] Camps (Summer, Day or Other)
- [ ] Competition (Paralympics)
- [ ] Drill Team
- [ ] Driving
- [ ] Equine Assisted Learning
- [ ] Equine Assisted Psychotherapy
- [ ] Faith Based Programming
- [ ] Grooming & Tacking
- [ ] Ground Work
- [ ] Hippotherapy as a Treatment Strategy
- [ ] Mobile Community Programs
- [ ] Recreational Riding
- [ ] Therapeutic/Adaptive Riding
- [ ] Interactive Vaulting
- [ ] Veterans/Active Duty/First Responder Program
- [ ] Vocational Training

26. Please check the types of **partner organizations** for the center:

- [ ] Government Agency (including judicial)
- [ ] Group Home/Other Residential Facility
- [ ] Hospice
- [ ] Hospital
- [ ] Leadership Programs (Scouts)
- [ ] Nursing Home
- [ ] School or University
- [ ] Rehabilitation Center
- [ ] Wellness Programs

**Optional Demographic Information:** This information will assist the association in its continued DEI work

17. What is the race/ethnicity makeup of your staff (in percentages)?

   Asian ____
   Black or African American ____
   Hispanic or Latino ____
   Middle Eastern or North African ____
   Multiracial or Multiethnic ____
   Native American or Alaska Native ____
   Native Hawaiian or other Pacific Islander ____
   White/Caucasian ____
   Another race or ethnicity ____

18. What is the race/ethnicity makeup of your board (in percentages)?

   Asian ____
   Black or African American ____
   Hispanic or Latino ____
   Middle Eastern or North African ____
   Multiracial or Multiethnic ____
   Native American or Alaska Native ____
   Native Hawaiian or other Pacific Islander ____
   White/Caucasian ____
   Another race or ethnicity ____
19. What is the race/ethnicity makeup of your volunteers (in percentages)?

- Asian ______%  
- Black or African American ______%  
- Hispanic or Latino ______%  
- Middle Eastern or North African ______%  
- Multiracial or Multiethnic ______%  
- Native American or Alaska Native ______%  
- Native Hawaiian or other Pacific Islander ______%  
- White/Caucasian ______%  
- Another race or ethnicity ______%

20. What is the race/ethnicity makeup of your participants (in percentages)?

- Asian ______%  
- Black or African American ______%  
- Hispanic or Latino ______%  
- Middle Eastern or North African ______%  
- Multiracial or Multiethnic ______%  
- Native American or Alaska Native ______%  
- Native Hawaiian or other Pacific Islander ______%  
- White/Caucasian ______%  
- Another race or ethnicity ______%
Professional Association of Therapeutic Horsemanship International Center Membership Annual Renewal

2023 Statement of Compliance

Please indicate the following compliance information for the 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: _________________________

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PREMIER ACCREDITED CENTER

PATH Intl. Premier Accredited Centers are Required to Complete the Following Portion of this Report in Addition to the Above Portion:

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: _________________________
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 insurance coverage 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: _______________________________
**2023 Credentialed Professional Report**

Please Indicate the Following Information for ALL Credentialed Professionals CURRENTLY at your center:

PATH Intl. requires all equine-assisted services be supervised at all times by an appropriately credentialed professional holding one of the following certifications: PATH Intl. Certified Therapeutic Riding Instructor certification, PATH Intl. Advanced Therapeutic Riding Instructor certification, PATH Intl. Master Therapeutic Riding Instructor certification, 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 *M7.

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 their PATH Intl. Certification Status

<table>
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<tr>
<th>Credentialed Professional Name</th>
<th>Member Number</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

2023 Medical Professional Report
PLEASE INDICATE THE FOLLOWING INFORMATION FOR ALL MEDICAL PROFESSIONALS CURRENTLY AT YOUR CENTER

If your center offers **Hippotherapy as a Treatment Strategy**, you MUST have a PATH Intl. Registered Therapist in Hippotherapy or Hippotherapy Clinical Specialist (HPCS) at your center. Reference: PATH Intl. Mandatory Standard *M1 and *M4. Please note your PATH Intl. Registered Therapist(s) in Hippotherapy or Hippotherapy Clinical Specialist(s) (HPCS) on this sheet.

If your center offers **Equine-Assisted Psychotherapy*/Equine-Assisted Counseling* (EAP/EAC), you MUST have a licensed, certified, etc. mental health professional. Reference: PATH Intl. Mandatory Standard *MH1. Please note the licensed, certified, etc. mental health professional on this sheet.

All medical professionals must be included on this report regardless of their PATH Intl. Certification Status

<table>
<thead>
<tr>
<th>Medical Professional Name</th>
<th>Member Number</th>
<th>Credentials &amp; Professional Licenses</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 and professional license:**
Psychiatrist, Psychologists, Social Worker, PT, OT, SLP, RN, MS, RT, HPCS