
Professional Association of Therapeutic Horsemanship International 2026

Center Membership Renewal Booklet



Congratulations on another year of providing equine-assisted services to over 71,300 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 group life insurance through USA Sports Benefits, recognition through the annual awards programs of your participants, volunteers and staff; and resources like 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> 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 **2026 booklet** reflects the **2025 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.

2025 Professional Association of Therapeutic Horsemanship International Center Membership Renewal Invoice

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.

Budget Size	Dollar Amount	Dues
Very Small	\$0 — \$24,999	\$390
Small	\$25,000 — \$149,999	\$600
Medium	\$150,000 — \$299,999	\$940
Large	\$300,000 — \$1,000,000	\$1,300
Very Large	Greater than \$1,000,000	\$2,185



TIP: Center renewal booklets can be completed online by the primary contact for your center. Your annual center dues can also be paid online.



Premier Accredited Center?
Don't forget your accreditation fees!

Center Name: _____

Center Membership #: _____ **Premier Accredited Center (PAC)?** YES No

Packet Completed By: _____ **Date:** _____

PAYMENT INFORMATION

2025 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, 2025): _____

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 15, 2026 to avoid late fees.
- 🐛 Renewals postmarked after January 15, 2026 must include a \$60 late fee.
- 🐛 The final deadline for center membership renewal is March 31, 2025.
- 🐛 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 2026 Center Renewal Booklet, to help ensure you have included everything you need:

- Complete 2026 PATH Intl. Center Membership Renewal Booklet
- Membership Dues
- Accreditation fee, if applicable
- \$60.00 late fee, if mailed after 1/15/2026
- Center Contact Information
- Center Information Report
- Center Statistics Report
- Center Diversity, Equity, and Inclusion Statistics Report
- 2025 Statement of Compliance*
- 2025 Premier Accredited Center Annual Statement of Compliance, if applicable*
- 2025 Insurance Compliance Form*
- 2025 Credentialed Professional (Instructor) Report*
- 2025 Medical Professional Report, if applicable*

*These items are required for membership compliance. Failure to submit required compliance items will result in your membership being "non-compliant."

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

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

Lilian Hotz
Membership Supervisor
(800) 369-7433, ext. 118
lhotz@pathintl.org

Mail:
PATH Intl.
Attn: Center Membership
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. Please review the Member Voting Policy for more information*

PAC Grant Station Contact: _____ **email:** _____

**Premier accredited centers may designate one person to access Grant Station in the portal. Default access is to primary contact. If someone other than the primary contact needs access please provide their name and email address.*

CENTER INFORMATION REPORT



Please provide the following requested 2025 center information, approximate as necessary.

1. The center was a: Non-profit **or** 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 (2025) fiscal year? _____
4. What was the total annual budget for marketing? _____
5. What was the total annual budget for fundraising? _____
6. 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
7. How frequently was a newsletter published? Yearly Quarterly Monthly Other None
8. Please indicate if the center had any of the following in 2025:
 Marketing Materials Strategic Plan Business Plan Annual Fundraiser

CENTER STATISTICS REPORT

Please provide the following requested 2025 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. Where to your equines come from, please check all that apply:
 Purchased Rescue Borrowed/loaned Shared/Co-Ownership
 Leased Donated Other: _____
4. Total number of equines participating in programs:
Donkeys: _____ Mules: _____ Quarter Horses: _____
Horses: _____ Ponies: _____
Miniature Horses: _____ Mustangs: _____ **Total Equines:** _____

Staff Profile

5. 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

6. How many people volunteer at the center? _____
7. How many hours per week do center volunteers serve on average? _____
8. How many individuals total hold a staff position but are not paid/are volunteers? _____
9. Do you perform background checks on center volunteers? Yes No

Internship & Mentorship Programs

10. Does the center offer **Internships**? Yes No
11. Does the center offer **Mentoring Programs** for Instructors in Training? Yes No
12. Does the center **charge** for Mentoring Instructors in Training? Yes No
13. Does the center offer **International Center Mentoring** for centers and programs? Yes No
14. Check all lesson types the center offers: Group Lessons Individual Lessons

Participant Profile

15. 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

16. How many hours per week do participants receive on average? _____
17. Does the center have a Participant Waitlist? Yes No *If 'Yes', average # on Waitlist: _____*
18. How many of the participants served at the center are Veterans? _____

Operations

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

Services & Programs

22. Please check the **conditions and disabilities** served by the center:

- | | | |
|---|---|--|
| <input type="checkbox"/> ADD or other Hyperactivity Disorder | <input type="checkbox"/> Genetic Conditions/Disorders | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Head Trauma/Brain Injury | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Amputee | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> At Risk Youth | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Terminal Illness |
| <input type="checkbox"/> Developmental Delay or Disability | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Violence, Abuse or Trauma |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Orthopedic Issues | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Emotional, Behavioral or Mental Health | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Weight Control Disorders |
| <input type="checkbox"/> Epilepsy/Seizure Disorders | <input type="checkbox"/> Post-Traumatic Stress Disorder | |

23. Please check the **activities** provided by the center:

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

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Government Agency (including judicial) | <input type="checkbox"/> Hospital | <input type="checkbox"/> School or University |
| <input type="checkbox"/> VA | <input type="checkbox"/> Leadership Programs (Scouts) | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Group Home/Other Residential Facility | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Wellness Programs |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> 4-H | <input type="checkbox"/> Foster Care |
| | <input type="checkbox"/> Pony Club | |

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

1. 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 _____ %

2. 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 _____%

3. 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 _____%

4. 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



2026 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: _____

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: _____

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



2026 Center Insurance Compliance Report

PLEASE INDICATE YOUR CURRENT CENTER 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 insurance coverage as needed.

Please Reference PATH Intl. Standard A2 in the Professional Association of Therapeutic Horsemanship International Standards for Certification & Accreditation.

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: _____

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



2026 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

Credentialed Professional Name	Member Number	PATH Intl. Certification(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*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**



2026 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

Medical Professional Name	Member Number	Credentials & Professional Licenses
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Please attach a separate sheet for additional medical professionals 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