

Professional Association of Therapeutic Horsemanship International MEMBERSHIP STANDARDS FEEDBACK FORM

This form is intended for additional feedback on standards or the accreditation process.

Thank you for taking the time to complete this form. The membership's input on all standards is valued and increases the effectiveness of the accreditation process. As the standards process is intended to be industry- and peer- driven, your suggestions and/or comments are welcomed by the PATH Intl. Programs and Standards Oversight Committee. Please attach an extra sheet if needed.

Center Name:		
Mailing Address:		
City:	State: Zip:	
Day Phone: ()		
Fax Number: ()	Email Address:	

Standard	Comments

Please include your credentials, professional background and/or current experience relevant to the standard (e.g., currently presenting a program affected by the standard in field test.) Please attach an extra sheet if needed.

Signature ____

Date

Please return this form to: PATH Intl., PO Box 33150, Denver, CO 80233