



# Professional Association of Therapeutic Horsemanship International Registered Therapist\* Application

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

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

## Membership:

- A current PATH Intl. Membership.

## Professional Credentials:

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

## PATH Intl. Coursework:

- Successful completion of the PATH Intl. Standards/CAT Course.

## 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 in Hippotherapy with the American Hippotherapy Association, Inc. (AHA, Inc.)

- Copy of AHA, Inc. Treatment Principles Level I certificate.
- Copy of AHA, Inc. Treatment Principles Level II certificate.
- Documentation of hours.** A written letter from any of the following therapists documenting a minimum number of 20 supervised, one-on-one treatment hours that incorporated hippotherapy. These hours must have been supervised by a PATH Intl. Registered Therapist and/or AHCP Certified Therapist or AHCBS-HPCS.

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

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## Application Fee:

- Please enclose a \$20.00 application fee

Please send all the above to:

PATH Intl.  
PO Box 33150  
Denver, CO 80233

\*By definition a PATH Intl. Registered Therapist is an individual who provides PT, OT or SLP services utilizing equine movement and the equine environment.