

Professional Association of Therapeutic Horsemanship International Registered Therapist* Application

Street Address: Clty: State/Province: Zip/Postal Code: Country: Phone: Phone: State/Province: Zip/Postal Code: Country: Phone: State/Province: Zip/Postal Code: Country: Phone: State Sta	Name:	Member Number: Date:
Country:	Street Address	
Please complete the checklist below and include all documents with application: Membership:	City:	State/Province: Zip/Postal Code:
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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 (AHCB) Certified Therapist certificate or AHCB 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 AHCB-HPCS. Name of PATH Intl. Registered Therapist, AHCB Certified Therapist or AHCB-HPCS Application Fee:	Email Address_	Occupation
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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.