



American Hippotherapy Association, Inc. Educational Course Hosting Form Intent to Host an AHA, Inc. Course

Name of Host Facility: _____ AHA, Inc. Member #: _____

Name of Contact Person/Title: _____

Address: _____ City: _____ State: _____ Zip: _____

***Note: This is the address that the AHA, Inc. office will use to send all course materials to.**

Physical Address (if different than above): _____

Phone number: _____ Fax number: _____ E-mail: _____

Course Name/(Type): _____

Proposed course dates: _____ Alternate dates: _____

We are submitting for dates 3 months in advance (domestic) or 9 months in advance (international)

Requested **Faculty Member(s)**: _____ and _____

We have been in contact with one/both faculty? Yes No

Maximum number of course participants: _____

Is there a participant height/weight limit for adult mounted practicum work in Level I? Yes No If so, what is it? _____

** We have not hosted an AHA, Inc. course previously Yes No ** We have hosted more than 2 years ago Yes No

Please note the following requirements of the Host facility:

- Is an AHA, Inc. Facility Member.
- Is currently providing treatment including hippotherapy (OT, PT and/or SLP)
- Has access to an indoor or covered arena (location and season dependent).
- Has access to a classroom facility.
- Has access to an LCD projector/screen, speakers, printer, copy machine, and paper.
- Can provide a mounting ramp and block.
- Can provide barn and therapy equipment as listed on pages 16.
- Can provide safe and sound therapy horses as listed on page 17.
- Can provide up to date files/information on demo patients.
- Has completed a special questionnaire with both an AHA, Inc. Staff member and an AHA, Inc. Faculty member as required for new host facilities or host facilities which have not hosted in over 2 years or had major staff/facility/equine changes since hosting their last AHA, Inc. course.

Only for Host Facilities of Level II TP:

- Have enough horses conditioned and trained for long-lining, with and without patients?

I have read the full requirements and process for hosting an AHA, Inc. educational course and understand and agree that the above listed Host Facility meets those requirements and will follow the processes and policies as outlined. I understand that failure to do so could result in loss of the privilege to host future AHA, Inc. educational courses.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Please return this form to: AHA, Inc. 2537 Research Blvd., #203 Fort Collins, CO 80526 or via fax to 877-700-3498