

2006 NARHA Center Membership Renewal Booklet – NARHA Web



NARHA is a membership organization which fosters safe, professional, ethical and therapeutic equine activities through education, communication, standards and research for people with and without disabilities.

IMPORTANT:

If you do not have the invoice which was included in the original mailing PLEASE contact Janet Kiefer to have one sent to you jkiefer@narha.org (800) 369-7433 ext119.

Dear Valued NARHA Center:

As 2006 approaches we invite you to remain an integral part of NARHA's exciting growth and progress and to benefit from the many opportunities offered by NARHA membership. Choosing to continue as a NARHA Center shows dedication and commitment to providing quality equine assisted activities for people with special needs. When your center renews its NARHA membership, you help support and strengthen all therapeutic activities within the equine industry. You help to ensure that others will discover what it is about equines, our programs and our talented people that seems to *work magic*.

It is our pleasure and privilege to serve you! NARHA provides your center with necessary information and always evolving education so you may, in turn, serve your participants well. As always, so we may continue to meet your needs, we encourage you to contact us with comments and suggestions. Active participation in your association is the best way for us to make certain we are reaching your expectations.

In this 2006 Membership Renewal Booklet you will notice a few updates, examples of NARHA's commitment to its members. As a result of Board approval, NARHA centers are not only encouraged but asked to show their NARHA family allegiance by using the NARHA logo on all of their printed materials, websites, and wherever the center is being promoted. NARHA's logo and usage policies will be included in your member packet. You will also see some additional questions included in this year's annual center information and statistics reports. At the conclusion of the renewal cycle this data will be compiled, analyzed, and disseminated to our center membership.

We look forward to your continued membership and to providing your center with the necessary services and programs that will help your center thrive for years to come. The NARHA Board of Trustees, our committees, and staff at NARHA headquarters are here to assist you and help to develop and grow the field of equine assisted activities. We sincerely thank you for your continued support.

Best wishes for a safe and prosperous New Year!

Sincerely,

NARHA Executive Director

P.S. I would appreciate being put on your newsletter mailing list. It would be wonderfully helpful when better familiarizing myself with all the benefits your center provides in your community!

The NARHA Premier Accredited Center Program



Just as other professions use accreditation and licensing systems to improve the well-being of their industries, professionals in the field of equine assisted activities have a distinction of their own through the Premier Accredited Center Program. The Premier Accredited Center (PAC) Program, gives centers the chance to demonstrate their excellence in providing quality, professional equine assisted activities.

This voluntary process recognizes NARHA centers that have met established industry standards. The accreditation process is a peer review system, in which trained volunteers visit and review centers in accordance with NARHA standards. A center that meets the accreditation requirements based on the administrative, facility, program and applicable specialty standards becomes a Premier Accredited Center (PAC) for a period of five years.

Benefits of Accreditation

Quality Assurance

- Prospective donors, volunteers and riders are more willing to establish relationships with organizations that have attained this respected bench-mark. Likewise, staff and volunteers can take pride in knowing that they represent a center that meets the national standards.
- Accreditation provides an advantage when raising funds — especially when approaching funding and state organizations that require proof that a center meets industry standards before distributing funds.
- When directors or other key staff members change at a PAC, participants can be assured that they will continue to receive quality services that meet safety standards.

Recognition & Promotion

- Premier Accredited Centers are listed separately and prominently from member centers in all published listings. This includes the NARHA Membership Directory, state lists that are mailed to hundreds of prospective donors, riders and others requesting information, as well as the NARHA website that is accessible to millions of people daily.
- Industry recognition of PACs is demonstrated through announcements at the NARHA Annual Meeting & Conference.
- Only PACs are referred to print and broadcast reporters who call NARHA. These centers are known to have met safety standards and will make good sources for news stories.
- Only PACs have the right to use the NARHA Premier logo with the “Premier Accredited Center” tagline (seen above).
- NARHA completes a press release for newly accredited centers and provides them to the center’s local media contacts.

Education

- Through the NARHA Standards & Accreditation Manual, personnel have a thorough resource to evaluate their centers.
- To keep the standards current, the NARHA Board of Directors and Accreditation Committee routinely research and review the legality of the NARHA Standards and the accreditation process.

Steps to Accreditation

NARHA centers become eligible to apply for accreditation when they have been a member in good standing for at least one full year. Center Accreditation Training courses are offered and applications are accepted year-round. Note: This process also applies to those centers that wish to maintain accreditation status.

Step One - The Training

A designated Center Representative (must be a NARHA individual member) completes a Center Accreditation Training (CAT) Course. This course is mandatory to apply for accreditation and is designed to review the NARHA standards to ensure that all centers applying for accreditation fully understand those standards and are secure in the knowledge that their center is in compliance with them. Upon completion of the CAT course, the Center Representative is sent an Application for Center Accreditation.

Step Two - Applying

The Center Representative submits the complete application to the NARHA office within 90 days of completion of the CAT course. Application is submitted with all supporting documentation, a \$100 application fee and a Self-Study form. Once the application is accepted, the Accreditation Committee assigns site visitors.

Step Three - The Visit

The assigned Lead Visitor will contact the center to set up a mutually agreeable date for the site visit to take place. The site visit takes place and all score forms are forwarded to the NARHA office.

Step Four - Notification

The NARHA Accreditation Committee reviews the site visit score and approves accreditation status. Official results notification is sent from the NARHA office. Results are generally sent out on a quarterly basis following review by the Accreditation Committee.

NARHA Center Membership Annual Renewal



CENTER INFORMATION REPORT

PLEASE INDICATE THE FOLLOWING INFORMATION FOR YOUR CENTER AS IT WAS IN 2005

1. Indicate your center's name as you would like it listed and center membership number (this can be found on the enclosed invoice):

Name: _____ Center Number: _____

2. List the appropriate contact person for your center: Name: _____

3. List the person who oversees the financial functions of your center: Name: _____

4. List your center's Executive Director or equivalent (this is the person who has the overall administrative authority for the center):

Name: _____ Email: _____

5. List appropriate addresses for your center: **Please note that any information provided below will be published in the NARHA directory and on the NARHA website. Please indicate if you do not want NARHA to publicize this information.**

Mailing address (required to receive mail and publications):

Location address (only list if different from mailing address):

PLEASE DO NOT PUBLICIZE

PLEASE DO NOT PUBLICIZE

6. Does your center's program operate out of more than one location? **Yes No** If yes, please list locations separate sheet

7. List a day and evening phone number for your center:

Day: (_____) _____

Evening: (_____) _____

8. List a fax and cell phone number for your center:

Fax: (_____) _____

Cell: (_____) _____

9. List an email address for your center:

10. List your center's website if applicable:

11. Is your center a: For-profit Non-profit

12. Is your budget planned and written annually? **Yes No**

If no, indicate frequency: _____

13. What is the annual operating budget for your center including the value of any in-kind support such as donated feed, vet bills, donated tack, etc.?

\$ _____

14. What percentage of your annual budget does your center spend on marketing? _____ %

15. Please indicate the following percentages for your center's sources of income:

Federal _____ %	In Kind _____ %	State _____ %
Foundations _____ %	Individual Donations _____ %	United Way _____ %
Fundraisers _____ %	Participant Fees _____ %	Other _____ % Describe: _____
Hospital/Other _____ %	School/University _____ %	Other _____ % Describe: _____

16. Please indicate if your center has the following: Newsletter If so, frequency: _____ Marketing Materials
 Strategic Plan Business Plan Financial audit If yes, Annually Other _____ Annual Fundraiser

17. Does your center use a database to track participants, volunteers, donors, financial information, etc? **Yes No**

If yes, check all that apply: Blackbaud Access-based TricTrax Peachtree Quickbooks Other _____

18. Please attach a list of your Board Members including their names, addresses, phone numbers, and email addresses. This information will be used for internal purposes only.

19. Please feel free to attach a staff list with titles to this booklet. This info will only be used for informational purposes.

NARHA Center Membership Annual Renewal



CENTER STATISTICS REPORT

PLEASE INDICATE THE FOLLOWING STATISTICS FOR YOUR CENTER AS THEY WERE IN 2005

1. How many equines are involved in your program?

- Donkeys: _____
- Horses: _____
- Miniature Horses: _____
- Mules: _____
- Ponies: _____

Total Equines: _____

2. How many people are employed (paid) by your center? _____

3. Does your center offer internships? **Yes No**

4. How many individuals volunteer at your center? _____

5. Please indicate the average hours per week served by the average volunteer: _____

6. Please provide the TOTAL number of volunteer hours served at your center: _____

7. Do you perform background checks on your volunteers?

Yes No If yes, when? _____

13. Circle the months in which your center operates **All months** Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

14. How many days of the week does your center operate? _____

15. Please check which of the following disabilities your center's participants present:

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD or other Hyperactivity Disorder | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Amputee | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Stroke/CVA |
| <input type="checkbox"/> At Risk Youth | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Terminal Illness |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Developmental Delay or Disability | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Weight Control Disorders |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Paralysis | Other _____ |
| <input type="checkbox"/> Emotional, Behavioral, or Other Psychiatric | <input type="checkbox"/> Speech Impairment | Other _____ |
| <input type="checkbox"/> Head Trauma/Brain Injury | <input type="checkbox"/> Spina Bifida | Other _____ |

16. Please check which of the following activities your center provides:

- | | | |
|--|---|---|
| <input type="checkbox"/> 4-H | <input type="checkbox"/> Equine Facilitated Experiential Learning | <input type="checkbox"/> Therapeutic Riding |
| <input type="checkbox"/> Animal Assisted Activities with Non-Equines | <input type="checkbox"/> Equine Facilitated Psychotherapy | <input type="checkbox"/> Vaulting/ Interactive Vaulting |
| <input type="checkbox"/> Backriding/Tandem Hippotherapy | <input type="checkbox"/> Grooming & Tacking | <input type="checkbox"/> Vocational Training |
| <input type="checkbox"/> Camps (Summer, Day or Other) | <input type="checkbox"/> Ground Work | Other _____ |
| <input type="checkbox"/> Competition (Special Olympics, Para Olympics etc) | <input type="checkbox"/> Hippotherapy | Other _____ |
| <input type="checkbox"/> Drill Team | <input type="checkbox"/> Mobile Community Programs | Other _____ |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Recreational Riding | Other _____ |

17. Please indicate whether your center works with any of the following organizations:

- | | | |
|---|--|---|
| <input type="checkbox"/> Government Agency (including judicial) | <input type="checkbox"/> Hospital | <input type="checkbox"/> School or University |
| <input type="checkbox"/> Group Home or other Residential Facility | <input type="checkbox"/> Nursing Home | Other _____ |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Rehabilitation Center | Other _____ |

18. If your center utilizes the following types of medical professionals, please list numbers of each:

Psychiatrists _____; Psychologists _____; Social Workers _____; PT's _____; OT's _____; SLP's _____; Other _____.

Of the PT's, OT's and SLP's, list how many are: Registered NARHA Therapist _____; HPCS _____.

8. How many total participants in each age group did your center serve?

- 2 – 5: _____
- 6 – 10: _____
- 11 – 18: _____
- 19 – 50: _____
- 51 – 65: _____
- 66 +: _____

Total Participants: _____

9. Please indicate the average hours per week received by the average participant: _____

10. Please provide the TOTAL number of EAA hours provided at your center: _____

11. Does your center have a waiting list? **Yes No**

If yes, how many are on that list? _____

12. Does your center have an indoor/covered arena?

Yes No

NARHA Center Membership Annual Renewal



INSURANCE REPORT

PLEASE INDICATE YOUR CENTER'S CURRENT INSURANCE INFORMATION

IF YOUR CENTER CARRIES THE MARKET INSURANCE POLICY OFFERED THROUGH NARHA, YOU DO NOT NEED TO COMPLETE THIS REPORT.

If your center does not carry the Market insurance policy offered through NARHA, a legally authorized representative from your center is required to complete and sign this form. **Furthermore, your center is required to submit a copy of your current insurance declaration sheet(s) and/OR certificate(s) of insurance as proof of coverage.**

The insurance limits indicated below are those RECOMMENDED by NARHA 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 insurances as needed.

Reference: NARHA Standard A4 in the NARHA Standards & Accreditation Manual.

IMPORTANT NOTE: Your center's NARHA membership name must be clearly printed on the insurance documentation and sent along with this membership renewal booklet. Insurance documentation sent to NARHA directly from your insurer likely does not have your center's NARHA membership name printed on it.

By signing this compliance report, I hereby acknowledge that I have read and fully understand NARHA'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 NARHA membership. I understand that I have the option of participating in the NARHA insurance program but elect to use another insurance provider.

Center Name: _____

Insurer: _____

I have enclosed a copy of my center's declaration sheet and/or certificate of insurance with this booklet. Additionally, my center's name is clearly printed on the insurance documentation. _____ Initial.

Signature: _____ Date: _____
(Legally Authorized Center Representative)

Print Name: _____

NARHA Center Membership Annual Renewal

INSTRUCTOR REPORT



PLEASE INDICATE THE FOLLOWING INFORMATION FOR ALL INSTRUCTORS CURRENTLY INSTRUCTING AT YOUR CENTER

NARHA requires that all equine activities must be supervised at all times by an instructor holding one of the following certifications: NARHA Registered Instructor Certification, NARHA Advanced Instructor Certification, NARHA Master Instructor Certification, or an instructor certified via the NARHA Adjunct Certification Process. This applies to ALL NARHA Centers. Reference: NARHA Mandatory Standard *P20.

If your center offers Driving, you **MUST** have a NARHA Certified Driving Instructor at your center. Reference: NARHA Mandatory Standard *D1. Please note your NARHA Certified Driving Instructor(s) on this sheet. If your center offers Hippotherapy, you **MUST** have a NARHA Registered Therapist or Hippotherapy Clinical Specialist (HPCS) at your center. Reference: NARHA Mandatory Standard *H1. Please note your NARHA Registered Therapist(s) or Hippotherapy Clinical Specialist(s) (HPCS) on this sheet.

All instructors must be included on this report regardless of his or her NARHA Certification Status

Instructor's Name*	Level of NARHA Certification	NARHA Specialty Certification	Registered Therapist/HPCS
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach a separate sheet for additional instructors if necessary.

*If the instructor is not a NARHA member, please include instructor's address, telephone number, and email address on a separate sheet.

NARHA Center Membership Annual Renewal
NARHA CENTER ANNUAL STATEMENT OF COMPLIANCE



PLEASE INDICATE THE FOLLOWING COMPLIANCE INFORMATION FOR YOUR CENTER AS IT IS CURRENTLY

The term, "NARHA (North American Riding for the Handicapped Association) Center" describes the operation of the center site, program and activities by center personnel. **All NARHA Centers are required to 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 NARHA Standards & Accreditation Manual.
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 NARHA's Center Membership Requirements and the NARHA Code of Ethics for Centers.

I hereby affirm that our center meets all the requirements established in the Statement of Compliance, and is adhering to all requirements of NARHA Center Membership.

Signature: _____ Date: _____
(Legally Authorized Center Representative)

Print Name: _____

IF YOU ARE A NARHA PREMIER ACCREDITED CENTER, YOU ARE REQUIRED TO COMPLETE THE FOLLOWING PORTION OF THIS REPORT IN ADDITION TO THE ABOVE PORTION.

In addition to the above compliance criteria, **NARHA Premier Accredited Centers must also abide by and sign off on the following compliance criteria annually:**

4. We understand that our center's accreditation can be removed:
 - a. If we refuse to schedule a re-visit when the Accreditation Committee and/or the NARHA Board of Trustees determines that one is necessary.
 - b. If we fail to achieve a passing score during the re-visit.
 - c. If we fail to sign the Annual Statement of Compliance.
 - d. If we knowingly provide false information to the site visitors, the Accreditation Committee, the NARHA Board or its representatives.
 - e. If we are found not to be in compliance with mandatory standards.
 - f. If we are found not to be adhering to the Center Code of Ethics.
 - g. At the discretion of the NARHA Board, following a review by the Accreditation Committee and Appeals Committee.

I hereby affirm that our NARHA Premier Accredited Center meets all the requirements established in the Statement of Compliance and is adhering to all requirements of NARHA Center Membership. We wish to continue our Premier Accredited Center Status.

Signature: _____ Date: _____
(Legally Authorized Center Representative)

Print Name: _____



Important Notice for ALL Centers:
Your center is entitled to receive updates made to the NARHA Standards & Accreditation Manual each year. **Your center will automatically receive 2 CD-ROM versions of the complete manual upon renewal.** Please remember that several standards are up for vote in November 2005. This may result in a revision to the manual. In this case, revised Standards Manuals may not be sent until March.
Printed versions of the manual are available at a cost of \$65 for members, \$90 for non-members (shipping & handling charges apply). Visit the NARHA Store at www.narha.org or call the NARHA office at 1-800-369-7433 to order.

Thank You for Your Continued Support and Dedication to NARHA!

If you wish to have copies of these reports for your records, please make copies prior to submitting them to NARHA. These renewal reports will not be returned to your center.

Mail completed renewal booklet with payment to:

NARHA
PO Box 33150
Denver, CO 80233

Or fax completed renewal booklet with credit card payment to:
303-252-4610

For questions, concerns or comments, please feel free to call or email us!

800-369-RIDE (7433)

narha@narha.org

NARHA Premier Accredited Center Benefits Include:

- **FREE** access to the NARHA Center Administrator Database <
- 1 (one) **FREE** NARHA Registered Instructor Certification Application Fee (value \$40) per year <
 - **FREE** access to the “NARHA Volunteer Self-Study Program” on the NARHA Campus <
 - 1 (one) **FREE** national conference registration for the first 3 (three) paid registrations <
- Referral service from the NARHA website **PLUS** a dedicated webpage on the NARHA website <
 - Exclusive use of the NARHA Premier Logo <
 - Beautifully inscribed Accreditation Plaque <
- 3 (three) copies of NARHA’s Strides Magazine per edition (1 copy is sent to the center and the others are sent to 2 individuals designated by the center) <
 - Low-cost liability and event insurance benefits <
- Annual updates to the NARHA Standards & Accreditation Manual <

Center Member Benefits Include:

- **FREE** access to the NARHA Center Administrator Database <
- 1 (one) **FREE** NARHA Registered Instructor Certification Application Fee (value \$40) per year <
 - **FREE** access to the “NARHA Volunteer Self-Study Program” on the NARHA Campus <
- 3 (three) copies of NARHA’s Strides Magazine per edition (1 copy is sent to the center and the others are sent to 2 individuals designated by the center) <
 - Referral service from the NARHA website <
 - Low-cost liability and event insurance benefits <
- Annual updates to the NARHA Standards & Accreditation Manual <
 - Exclusive use of the NARHA Standard Logo <
 - Accreditation possibilities <

Affiliate Center Member Benefits Include:

- Discounted access to the NARHA Center Administrator Database <
- Discounted access to the “NARHA Volunteer Self-Study Program” on the NARHA Campus <
- 3 (three) copies of NARHA’s Strides Magazine per edition (1 copy is sent to the center and the others are sent to 2 individuals designated by the center) <
 - Referral service from the NARHA website <
 - Low-cost liability and event insurance benefits <
- Annual updates to the NARHA Standards & Accreditation Manual <
 - Exclusive use of the NARHA Standard Logo <
 - Accreditation possibilities <

