



**Equine Specialist in Mental Health and Learning (ESMHL)  
Workshop and Practical Horsemanship Skills Test  
Candidate Application**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**Check all that apply:**

- I am at least 21 years old (This is required to attend the workshop/testing)
- I am a PATH Intl. Member. Member # \_\_\_\_\_
- I have confirmed that my PATH Intl. membership is current and up-to-date
- I plan to participate in the **workshop only**
- I plan to participate in the **workshop and skills test**
- I plan to participate in the **skills test only**
- I do not need an accommodation of any kind to complete the skills test
- I need an accommodation to complete the skills test. I have submitted my request to the PATH Intl. office and am aware that it may take up to 60 days to receive an accommodation.

**NOTE:** You must be a PATH Intl. member to attend

**I have enclosed with my application:**

- Candidate Profile Form
- Photo and Liability Release Forms
- Payment and/or payment information

**Payment Information:**

Cost of workshop: Tuition covers all materials, breakfast and lunches. Please ask the host site for a copy of their refund policy. PATH Intl. is not responsible for refunds.

Cost of workshop is determined by the host site.

Memberships are paid directly to PATH Intl.

**Check the form of payment included with this application:**

- Check
- Credit Card

Amount Enclosed: \_\_\_\_\_ Check #: \_\_\_\_\_

Credit Card information: Circle One:      VISA      MasterCard      American Express

Credit Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_ CVV#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Equine Specialist in Mental Health and Learning (ESMHL)  
Workshop and Practical Horsemanship Skills Test  
Candidate Profile Form**

*Please complete this form and send it to the host site you are attending your workshop and practical exam.*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

*Please attach another piece of paper or write on the back of this form, if necessary:*

Are you a PATH Intl. Certified Therapeutic Riding Instructor? If yes, what level or specialty, Registered, Advanced, Master, Driving?

Equine Experience: Please tell us about any Certifications you have with an Equine Organization (examples would be Pony Club, CHA, USDF, USEA, ARICP, Eagala, etc....)

Organization: \_\_\_\_\_ Level: \_\_\_\_\_

Organization: \_\_\_\_\_ Level: \_\_\_\_\_

Organization: \_\_\_\_\_ Level: \_\_\_\_\_

Are you currently or have you ever been affiliated with an Equine Facilitated Mental Health or Educational Program?

Please give us the name and describe your work there.

Do you have experience working with Mental Health or Special Educational Clients in any setting? Please tell us where and what kind.

Describe other Equine experience you have:



**Equine Specialist in Mental Health and Learning (ESMHL)  
Workshop and Practical Horsemanship Skills Test  
Equine Specialist in Mental Health and Learning**

**PATH Intl. Photo Release Form**

I hereby consent to and authorize the use and reproduction by the Professional Association of Therapeutic Horsemanship, International (PATH Intl.) of any and all photographs taken of me/my son/my daughter/my ward for promotional printed materials, educational activities, PATH Intl.'s website, and exhibitions or for any other use for the benefit of PATH Intl. and equine assisted activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For PATH Intl. Records**

Name: \_\_\_\_\_

Name of person(s) in photo: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/email: \_\_\_\_\_



**Equine Specialist in Mental Health and Learning (ESMHL)  
Workshop and Practical Horsemanship Skills Test  
Equine Specialist in Mental Health and Learning**

**Liability Release Form**

I, \_\_\_\_\_, would like to participate in the PATH Intl. On-Site Equine Specialist in Mental Health and Learning workshop and Horsemanship Skills Testing. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to me are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against PATH Intl., its Board of Trustees, employees and Faculty/Evaluators for any and all injuries and/or losses I may sustain while participating in the PATH Intl. On-Site Equine Specialist in Mental Health and Learning workshop and Horsemanship Skills Testing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Candidate)*

Many disabilities or injuries have accompanying conditions that pose special physical risks during exercise. Horseback riding is exercise, as are other activities involved in this workshop and/or Skills Test, such as handling and working around horses. I understand that PATH Intl. and the Host Site recommends that I seek the advice of a physician before participating in activities that involve exercise, riding, handling or being near horses.

I understand that if I have a disability/disabilities, injury or physical condition that might affect my ability to handle or be around horses at the PATH Intl. On-Site Equine Specialist in Mental Health and Learning workshop and Horsemanship Skills Testing, I will need to apply for an exemption as outlined in the Reasonable Accommodation Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Candidate)*