

PATH Intl. Equine Specialist in Mental Health and Learning Certification Application

This application is to be submitted to PATH Intl. PRIOR to attending the workshop to confirm intent to pursue PATH Intl. ESMHL certification.

Acceptance of this application makes you eligible to register with a Center for a Workshop and Horsemanship Skills Test. Please contact the Center directly for registration information/instructions.

Name: _____ PATH Intl. Member #: _____

Address: _____

Preferred Phone: _____ Email (required): _____

I hereby affirm that:

- I have included front and back copies of my Adult and Child CPR/First Aid Card (*REQUIRED*)
- I am a current PATH Intl Professional Level Member (*REQUIRED*)
- I have enclosed the ESMHL certification application fee of \$125 (*REQUIRED; initiates enrollment in online learning module and the PATH Intl. Standards Course and Exam*)
- I have enclosed the ESMHL student manual fee of \$75 (*REQUIRED online download; please visit the PATH Intl. online store if you would like to purchase a hard copy in addition to the online download*)
- I am able to complete the certification process as outlined and **do not need** an accommodation.
OR
- I am unable to complete the certification process as outlined and have:
 - Downloaded the Reasonable Accommodation Policies and Procedures instructional booklet for the necessary forms
 - Included my written accommodation request with this application
 - Included a letter from my physician verifying my diagnosis and associated limitations

I would like to purchase the *PATH Intl. Standards and Accreditation Manual (OPTIONAL)* Hard copy ... \$75 for PATH Intl. members

(Also available for free electronic download online in the Members Only section of the PATH Intl. website)

I understand that I must be 21 years of age or older in order to be issued PATH Intl. ESMHL certification.

Initial: _____

I understand that I must complete BOTH the online learning module and PATH Intl. Standards Course and Exam PRIOR to attending the on-site workshop.

Initial: _____

I have carefully read and fully understand the policies and procedures that are laid out in this application booklet.

Initial: _____

I am requesting expedited (one business day) processing and have enclosed an additional \$25 processing fee.

I wish to pay by (select one):

Online invoice (payable via pathintl.org) Check (make payable to PATH Intl.)

Signature: _____ Date: _____

TOTAL AMOUNT BEING REMITTED TODAY*: \$

(*Total amount should include application fee, student manual fee, merchandise and expedited processing fee, as applicable)

Please submit your completed application to PATH Intl. via email at _____

ESMHLportfolio@pathintl.org OR

via mail at PATH Intl., P.O. Box 33150, Denver, CO 80233