



PATH Intl. FACULTY APPLICATION

Applicant Information

Full Name: _____ DOB: ____/____/____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

- Specialty course(s) applying for: Associate Visitor Training Course Standards Course
 Riding Instructor (Registered, Advanced, Master) Interactive Vaulting Instructor
 Driving Instructor (Level I, Level II) Mentor Training
 Equine Specialist in Mental Health and Learning – If yes, which role: MHP* ES
*Please provide proof of current licensure with your application

Current PATH Intl. Member? Yes, membership number _____ No

Education

Highest Level of Education Completed: _____

PATH Intl. Certifications w/status: _____

Other professional certifications and qualifications: _____

PATH Intl. Workshops/Trainings (titles & dates): _____

Use additional sheet of paper if necessary.

Equine Assisted Activities & Therapy Experience (most recent first)

If applying to be Equine Specialist in Mental Health and Learning Faculty, please also include experience working with children and adults with mental health and learning issues in a PATH Intl. PAC setting.

Organization: _____ Position: _____

From: _____ To: _____ Brief Description: _____

Use additional sheet of paper if necessary.

Faculty Experience (most recent first)

If applying to be Equine Specialist in Mental Health and Learning Faculty, please also include experience working with children and adults with mental health and learning issues outside of an EAAT setting.

List PATH Intl. Faculty and/or Evaluator experience and indicate if current or expired: _____

Other Teaching Experience: _____

School/Company/Center: _____ From: _____ To: _____

Course(s) Taught: _____

Average number of students: _____ Primary Audience (Adult/young adult/children): _____

Use additional sheet of paper if necessary.

Equine Experience (most recent first)

If applying to be Equine Specialist in Mental Health and Learning Faculty, please also include experience with horse training, working with horses as sentient beings, holistic methods of equine welfare practices, stable management, training equines to work in mental health and learning programs.

Organization: _____ Position: _____

From: _____ To: _____ Brief Description: _____

Use additional sheet of paper if necessary.

Presentation Experience (most recent first)

Topic: _____ Where: _____ When: _____

Sponsoring Agency: _____ Audience: _____

Topic: _____ Where: _____ When: _____

Sponsoring Agency: _____ Audience: _____

Use additional sheet of paper if necessary.

Mental Health Experience (ONLY if applying to be MHP faculty for ESMHL)

If applying to be Equine Specialist in Mental Health and Learning Faculty, please also include the following information about the mental health sessions you have conducted.

Organization: _____ Position: _____

Type of Session(s) conducted: _____

From: _____ To: _____ Total Hours: _____

Use additional sheet of paper if necessary.

References

Please list two professional references. If applying for mentor or evaluator, include all riding seat disciplines. If applying for Driving, at least one reference must verify number of hours of teaching driving.

Full Name: _____ Relationship: _____

Institution: _____ Phone: _____

Email: _____

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Institution: _____ Phone: _____

Email: _____

Signature

Date of Application

Mail or Fax completed form to:
PATH Intl. c/o Faculty Application
PO Box 3315
Denver, CO 80233
Fax: (303) 252-4610