



**PATH INTL.**  
**Equine Specialist in Mental Health and Learning**  
**Workshop and Horsemanship Skills Test**  
September 9 – September 12, 2017

**Faculty**

Marilyn Sokolof, Mental Health Professional, and Memree Stuart, ESMHL

**Host Site**

Hearts Therapeutic Equestrian Center  
Santa Barbara, CA 93111  
805-964-1519, Fax: 805-967-6365  
Contact: Shallon Dusebout  
shallon@heartsridding.org  
[www.Heartsriding.org](http://www.Heartsriding.org)

**Who should attend?**

Anyone interested in learning more about Equine Facilitated Learning and Psychotherapy or to improve their skills as a working with Horses and People.

- Equine Professionals
- Therapeutic Riding Instructors
- Those who wish to enhance their ability to work with mental health and education professionals and their clients.
- Center Volunteers, Staff, Board Members

**Topics to be covered in the Workshop:**

- Role of the Equine Specialist when assisting or collaborating with human service providers.
- Design safe, mutually beneficial and effective activities to enhance participant outcomes.
- Determine Equine handling methods.
- Understand students with mental health and/or learning issues.
- Assess the Equine's response to student behaviors and needs.
- To help prepare qualified participants to take the PATH Intl. ES Specialist once available.

In order to become a PATH Intl. Equine Specialist in Mental Health and Learning, you must successfully complete the Application phase and Portfolio submission, as briefly described below.

A complete description and application form are contained in the Equine Specialist in Mental Health and Learning Application Booklet available through PATH Intl. at [www.pathintl.org](http://www.pathintl.org) or 1.800.369.7433. Any questions you may have regarding the Application or Portfolio should be directed to the PATH Intl. office.



### Application Phase

Complete an on-site Equine Specialist in Mental Health and Learning Workshop and Horsemanship Skills Test at a PATH Intl. Premier Accredited Center. Criteria to register for an on-site Equine Specialist in Mental Health and Learning Workshop and Horsemanship Skills Test:

- 21 years of age or older
- Current PATH Intl. member
- Current Adult & Child CPR and First Aid certifications (**100% online CPR and First Aid courses will not be accepted. Blended courses are acceptable.**)

**Note:** The Workshop is valid for 2 years, and the Skills Test is valid for 1 year.

### Portfolio Submission

Following completion of an on-site Equine Specialist in Mental Health and Learning Workshop and the Horsemanship Skills Test, candidates may submit their certification application and portfolio to the PATH Intl. office. (See PATH Intl. Equine Specialist in Mental Health and Learning Certification Booklet for more details.)

- Proof of current PATH Intl. Membership
- Proof of current Adult and CPR and First Aid certifications
- Copy of PATH Intl. on-site ESMHL workshop certificate of completion (max 2 years old)
- Copy of PATH Intl. Horsemanship Skills Test certificate (max 1 year old)
- Signed PATH Intl. Code of Ethics
- References from a Mental Health or Learning Professional and Equine Professional
- Documentation of 20 hours of education in equine behavior and management
- Documentation of 60 hours of experience in equine-facilitated mental health of learning (or both)

Upon Confirmation portfolio has been accepted:

- Complete the online Standards Course and Exam.
- Complete the Equine Specialist in Mental Health and Learning Exam.



**PATH INTL. EQUINE SPECIALIST IN MENTAL HEALTH AND LEARNING  
WORKSHOP AND HORSEMANSHIP SKILLS TEST**

September 9-12, 2017

**Registration Deadline: August 4, 2017**

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

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

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PATH Intl. Membership Number:** \_\_\_\_\_

*(\*Must be a PATH Intl. Member to attend the workshop. Visit [www.pathintl.org](http://www.pathintl.org))*

**In the event of an Emergency, please contact:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Check All that Apply:**

- I am at least 21 years old (required to attend workshop/testing)
- I am a PATH Intl. 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 plan to **audit**
- 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.

**Special Dietary Needs:** \_\_\_\_\_

*(Breakfast snacks and Lunch will be provided during the workshop only)*

Please register me for the following:

<b>Workshop ONLY</b>	<b>\$450.00</b> _____	<b>Skills Test ONLY</b>	<b>\$250.00</b> _____
September 9-11		September 12	

<b>Workshop AND Skills Test</b>	<b>\$650.00</b> _____	<b>Audit AND Skills Test</b>	<b>\$300.00</b> _____
September 9-12		September 9-12	

**Audit ONLY** **\$150.00** \_\_\_\_\_

**Credit Card:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Total:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Mail or fax your registration form, fee, and copy of Instructor in Training letter to:  
Hearts Therapeutic Equestrian Center  
P.O. Box 30662  
Santa Barbara, CA 93130  
Phone: 805.964.1519  
Fax: 805.967.6365

**Cancellation and Refund Policy:**

A fee of \$75.00 will be charged for any cancellations up to August 4<sup>th</sup>, 2017. Refunds will only be provided for cancellations after August 4<sup>th</sup>, 2017, in cases of documented illness or injury.

**Registration is Due by August 4<sup>th</sup>.**  
**All subsequent paperwork must be returned to Hearts by August 4<sup>th</sup>, 2017.**

**Directions:**

Hearts is located at 4420 Calle Real, Santa Barbara, CA 93111

From 101 Northbound:  
Exit El Sueno and turn LEFT  
Make the first RIGHT onto County Road,  
Go up the hill and follow the signs.

From 101 Southbound:  
Exit Turnpike and turn LEFT  
RIGHT on Calle Real  
LEFT at County Road *after* Camino del Remedio  
Go up the hill and follow the signs.

**Lodging:**

Ramada Limited  
4770 Calle Real,  
Santa Barbara, CA  
805-964-3511

Motel 6  
3505 State Street  
Santa Barbara, CA  
805-687-5400

Motel 6 #28  
5897 Calle Real  
Goleta, CA  
805964-3596

Holiday Inn  
5650 Calle Real  
Goleta, CA  
805-964-6241

Super 8 Motel  
6021 Hollister  
Goleta, CA  
805-967-5591

**Questions:**

Shallon Dusebout, Program Coordinator  
shallon@heartsridding.org  
805.964.1519



### Waiver and Release of Liability

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

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

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

I acknowledge that horseback riding or activities involving horses is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, personal property loss or even death. Horses are large animals and even the gentlest horse can be unpredictable. I hereby assume the risk of participating in such activities.

I hereby take the following action for myself and my executors, administrators, heirs, next of kin, successors and assigns:

- a) I waive, release and discharge from any and all claims or liabilities for death, personal injury or damages of any kinds, which acts arise out of or relate to my participation in, or my traveling to and from, the horseback riding events, the following persons or entities: Hearts Therapeutic Equestrian Center, building or facility lessees, sponsors, and the officers, directors, employees, representatives, instructors and agents of the above.
- b) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein, and
- c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as results of my actions and any attorney fees or costs incurred by them as a result of my action.

#### Photo Release:

I hereby consent to and authorize the following, OR

I do not consent to, nor do I authorize:

Hearts Therapeutic Equestrian Center's use and reproduction of any and all photographs and other audiovisual material taken of me for promotional printed materials, social media, educational activities, exhibitions, or for any other use for the benefit of the program.

#### Confidentiality Agreement:

I understand that all information (written and verbal) about participants at this PATH center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

*By signing this form, I affirm that I am eighteen (18) years of age or older, I have read this document, and I understand its contents.*

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



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

**Equine Specialist in Mental Health and Learning Workshop & Practical Testing Application**

*Skills for working with mental health and education professionals and their clients*

**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**

*Skills for working with mental health and education professionals and their clients*

**Liability Release Form**

I, \_\_\_\_\_, would like to participate in the PATH Intl. On-Site Equine Specialist in Mental Health and Learning Workshop and 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., it's Board of Trustees, employees and Faculty/Evaluators for any and all injuries and/or losses I may sustain while participating in the PATH Intl. Instructor Workshop and/or On-Site Registered Certification.

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 ride, handle, or be around horses at the PATH Intl. Instructor Workshop and/or On-Site Registered Certification, I will need to apply for an exemption or accommodation as outlined in the Accommodation or Exemption Policy.

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



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

*Skills for working with mental health and education professionals and their clients*

**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: \_\_\_\_\_