



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



Greetings PATH Intl. ESMHL Workshop and Horsemanship Skills Test participants!

The upcoming PATH Intl. Equine Specialist in Mental Health and Learning Workshop and Horsemanship Skills Test hosted by Naples Therapeutic Riding Center is right around the corner. We are looking forward to welcoming you all to our facility for a valuable educational experience.

Please find the attached schedule of events for the workshop and horsemanship skills test. The workshop will begin on October 11, 2018 at 8 a.m. and end on October 14, 2018 at 5:30 p.m. Horsemanship skills test candidates will have an opportunity to ask questions from 5 to 5:30 p.m. on the third day of the workshop and then you may walk the obstacle course. The horsemanship skills testing will start at 8 a.m. Sunday morning. You will not need to be on-site all day on skills test day, only around an hour from the time your test is scheduled, although you are welcome to come early and quietly watch others do the obstacle course part of the test. Please let me know if you are traveling a far distance or need to work around flight arrangements so we can take that into consideration when assigning your test times.

We will provide you with booklets via email, prior to your arrival. These booklets should also be reviewed prior to attending the workshop, especially the criteria for the horsemanship skills test and the obstacle course map. Additionally, please come prepared to work around the horses, with closed toe shoes and weather appropriate clothing.

Breakfast, lunch and beverages will be provided on each day of the course. There will be drinks and snacks provided on skills test day. If you have any dietary restrictions that you did not note on your registration form, please let me know so we can account for you accordingly.

Naples Therapeutic Riding Center is located at 206 Ridge Drive, Naples FL 34108. If you have any questions or problems finding us, please feel free to call me on the office line at 239-596-2988

Looking forward to seeing you all in October! Again, please don't hesitate to contact me with any questions or concerns.

Warm Regards,

**Kristin Carolan**  
Program Director  
Naples Therapeutic Riding Center  
206 Ridge Dr, Naples FL 34018  
(239) 596-2988



**PATH INTERNATIONAL**  
**Equine Specialist in Mental Health and Learning**  
**Workshop and Horsemanship Skills Test**

October 11-14, 2018

**Faculty**

Marilyn Sokolof, *Mental Health Professional*

Memree Stuart, *ESMHL*

**Who should attend?**

Anyone interested in learning more about Equine Facilitated Learning and Psychotherapy or to improve their skills 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.

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.

**Host Site**

Naples Therapeutic Riding Center

206 Ridge Drive

Naples, FL 34108

**Kristin Carolan**

**Program Director**

**[kcarolan@ntrc.org](mailto:kcarolan@ntrc.org)**

## **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



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## **Naples Therapeutic Riding Center Policies**

### **Cancellation Policy**

Applicants must cancel by the registration deadline, September 13, 2018. There will be no refunds for the Workshop or Practical Horsemanship Skills test fees.

In the case of cancellation by a candidate, unused materials may be sent to PATH Intl. for credit.

### **Accommodation Requests**

An accommodation is an adjustment or an adaptation of a component or components of the ESMHL certification process in order to meet the special needs of the candidate. Requests for an accommodation to any part of the process must be made in writing and submitted to PATH Intl. *no less than 60 days* prior to certification testing. All requests for accommodations will be reviewed by PATH Intl. on an individual basis and applicants will be notified of the decision. For more information please contact PATH Intl.

Faculty and evaluators are not authorized to grant accommodations on-site; accommodations are not granted once the certification process has begun.

If a candidate is unable to complete the skills test due to a disability and does not have proof of an accommodation granted by PATH Intl., the candidate may choose to withdraw from the skills test. Candidates are required to complete certification under the same parameters that they began it, so any candidate needing an accommodation after attending a skills test event will need to submit an accommodation request and attend a separate skills event in order to proceed.

### **Confidentiality Agreement**

All information provided to NTRC is considered confidential and will not be shared with any third parties.

### **Photo Release**

The NTRC photo release form has been included in this packet, along with PATH's release. Please be sure these documents are included in the documents you turn in to NTRC.

### **Workshop Auditors**

Auditors must have previously attended the ESMHL workshop as a participant (certificate of attendance at past workshop is required). Center staff or the center volunteers sitting in on the workshop are not considered auditors or workshop participants and their attendance cannot count toward the certification process.

### **Hotel Reservations**

Please contact us about NTRC hotel room block information.



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

October 11-14, 2018

**Registration Deadline: September 13, 2018**

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

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

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

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

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

*(\*Must be a PATH Intl. Member to attend the workshop. Visit [www.patintl.org](http://www.patintl.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>	\$450.00 _____	<b>Skills Test ONLY</b>	\$250.00 _____
October 11-13		October 14	

<b>Workshop AND Skills Test</b>	\$650.00 _____	<b>Audit AND Skills Test</b>	\$300.00 _____
October 11-14		October 11-14	

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

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

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



206 Ridge Drive, Naples, Florida 34108  
Phone: (239) 596-2988 / Fax: (239) 514-2908  
Web: [www.NaplesTherapeuticRidingCenter.org](http://www.NaplesTherapeuticRidingCenter.org)

**EQUINE RELATED ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT**

KNOW ALL MEN BY THESE PRESENT: That \_\_\_\_\_, who is known to NTRC as a visitor, volunteer, participant, employee or guest, (hereinafter referred to as "Constituent"), for and in consideration of participation in any Naples Therapeutic Riding Center programs and presence on any NTRC property and for other good and valuable consideration in hand received by Constituent, the receipt and adequacy of which are hereby acknowledged, does hereby RELEASE AND HOLD HARMLESS, Naples Therapeutic Riding Center, a Florida nonprofit corporation, and it's successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "NTRC") of and from all manner of action(s), cause(s) of action, suits, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Constituent has or may have in the future from the signing of this release until the end of such Constituent's participation in an NTRC program or presence on NTRC property, and any claim past, present or future which any personal representative, successor, heir or assignee of said party hereafter can, shall or may have against NTRC for, upon or by reason of any matter, cause or thing whatsoever, from the time of Constituent participation in any NTRC program or being present on any NTRC property until such time as Constituent is not participating in any NTRC program or from a date forward that such Constituent is not present on any NTRC property, such release and hold harmless of NTRC specifically includes, but not by way of limitation, the following:

- 1) All equine activities at the property owned by NTRC located on the southwest corner of the intersection of Center Street and Goodlette Road, Naples, Collier County, Florida, including, handling, care, grooming, leading and riding of horses and such activities as defined in Section 773.01, Florida Statutes, as amended from time to time; and all activities related to being in the presence of horses or on NTRC property;
- 2) Any and all rights or claims arising from, relating to, or in any way connected with the death or injury of any person participating in any equine activity sponsored by NTRC or death or injury of person occurring on NTRC property or claim for damage to any Constituent's personal property brought upon any NTRC property by Constituent.
- 3) Constituent grants NTRC the right and authority to perform a background check on Constituent in advance of Constituent's participation in any NTRC activity or presence on NTRC property and NTRC may make future checks on background from time to time during the Constituent's involvement in any NTRC program or presence on NTRC property. Constituent releases NTRC from any claim, cause of action or damages based upon NTRC's authorized background check(s).
- 4) Any and all rights or claims arising from, relating to or in any way connected with the death or injury of a Constituent who takes transport in any NTRC agent vehicle as part of a sponsored NTRC program occurring outside of the NTRC property.

**WARNING**

Under Chapter 773, Florida Statutes, an equine activity or sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

This Release further incorporates the immunity to volunteers of not-for-profit organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.

IN WITNESS WHEREOF, the undersigned executes this release  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.**

\_\_\_\_\_  
Adult/Parent/Guardian Name (Print)

\_\_\_\_\_  
Adult/Parent/Guardian Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Witness Signature

*Please check here if you would like to be added to our mailing list*



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**ESMHL On-Site Event 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 PATH Intl. 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 NTRC for a copy of its 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: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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



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**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, the PATH Intl. 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)  
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**Candidate Profile Form**

*Please complete this form and send it to NTRC.*

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 education clients in any setting? Please tell us where and what kind.

Describe other equine experience you have:

### **SAMPLE 2018 PATH Intl. ESMHL Workshop Schedule**

*This schedule is subject to change at any time depending on location and/or faculty's discretion*

#### **Day 1**

8:00-9:50 a.m.	Welcome
9:50-10:00 a.m.	Break
10:00-11:30 a.m.	Lesson 1.1 PATH Intl. and EFMHA history
11:30-12:30 p.m.	Lesson 1.2 ESMHL Team
12:30-1:00 p.m.	Lesson 1.3 & 1.4 HIPAA and Confidentiality
<b>1:00-1:30 p.m.</b>	<b>LUNCH</b>
1:30-3:00 p.m.	Lesson 2.1 & 2.2 Relationship
3:00-4:00 p.m.	Lesson 2.3 Relationship Exercise (in ring with equines)
4:00-4:10 p.m.	Break
4:10-5:00 p.m.	Lesson 3.1 Equine Behavior and Management in ESMHL
5:00-5:30 p.m.	Lesson 3.2 & 3.3 Death & Abuse
5:30 p.m.	Closing

#### **Day 2**

8:00-9:30 a.m.	Lesson 3.4 & 3.5 Equines and Therapy Goals
9:30-10:50 a.m.	Lesson 3.6 Treatment of Equines
10:50-11:00 a.m.	Break
11:00-12:15 p.m.	Lesson 3.7 Exercises (in ring with equines)
12:15-12:30 p.m.	Design Activities Homework
<b>12:30-1:30 p.m.</b>	<b>LUNCH</b>
1:30-2:15 p.m.	Lesson 4.1 Design Activities
2:15-3:45 p.m.	Group Work (at large)
3:45-5:00 p.m.	Reporting and Discussion
5:00-5:30 p.m.	Closing

#### **Day 3**

8:00-10:30 a.m.	Lesson 5.1 Define Partnership
10:30-10:40 a.m.	Break
10:40-11:00 a.m.	Lesson 5.2 Collaboration Exercise Assign Roles/ Team Collaboration
11:00-12:00 p.m.	Collaboration Exercise (at large)
<b>12:00 p.m.</b>	<b>Pick up lunch and return to classroom (eat while processing)</b>
12:00-2:15 p.m.	Lunch and Process Collaboration Exercise
2:15-3:45 p.m.	Role Play (in ring with equines)
3:45-4:00 p.m.	Break
4:00-5:00 p.m.	Final Reflections/Evaluations/Certificates
5:00-5:30 p.m.	Horsemanship Skills Test and ESMHL Certification Questions

#### **Day 4**

8:00-1 p.m.	Test Day
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**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 Test. 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 Test.

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 recommend 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 Test, I will need to apply for an exemption as outlined in the Reasonable Accommodation Policy.

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