



THERAPEUTIC RIDING PROGRAM

"Sparking growth through outdoor adventure"

PATH Intl. Equine Specialist in Mental Health & Learning Workshop and Practical Horsemanship Skills Test

Hosted By: Calvin Center Therapeutic Riding Program, Hampton, GA

Faculty: Nancy Beers & Martha Dubensky

Equine Specialist Workshop August 10-12, 2022 Cost: \$425.00

The Equine Specialist in Mental Health and Learning (ESMHL) Workshop is a three-day workshop that is offered to volunteers, equine professionals and therapeutic riding instructors who would like to work with participants with mental health and/or learning issues. The workshop also benefits those who work with mental health or educational professionals, helping to enhance cooperation and provide a more complete experience. The workshop will cover the role of the Equine Specialist in keeping the horse and the participants safe in this setting and is the first step towards ESMHL certification. For more information and the certification booklet, go to the PATH Intl. website: <https://pathintl.org/certification/mental-health-and-learning/>

Horsemanship Skills Test August 13,2022 Cost: \$125.00

Refund Policy: A fee of \$50 will be charged for any cancellations prior to two weeks before the start of the workshop. Requests for refunds after that time will be issued only in cases of documented illness or injury.

COVID Policy: TBA We will be compliant with current governmental standards at the time of event. Per PATH Intl. guidelines for events, we will be following up with everyone who did attend to check whether in the two weeks after the event if anyone had symptoms of COVID, and will notify if possible exposure occurred.

REGISTRATION DEADLINE: July 8, 2022

How to Register: Complete registration and candidate profile forms with a check or your credit card information to the Calvin Center at the email or address below:

Calvin Center Therapeutic Riding Program
Attn: Kate Robbins
13550 Woolsey Rd
Hampton, Ga 30228
kate@Calvincenter.org

LODGING

Calvin Center offers lodging and meals on site.

Rooms in our conference center are \$120/night

Dinner is provided with the room rate.

Lunch and breakfast are provided with the tuition
(shared rooms \$140/night/room and will include dinner)

- Rooms have one queen bed and one single bed

Off- site recommendations can be made on request.

PATH Intl. ESMHL Workshop
August 10-12, 2022 Candidate Profile

Name _____ PATH Intl. Member # _____

Check all that apply:

- I am at least 21 years old (This is 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 skills test only
- I do not need an accommodation to complete skills test

- I need an accommodation to complete the skills test. I have submitted my request to PATH Intl. and I am aware it can take up to 60 days to receive an accommodation.

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

Are you a PATH Intl. Professional? If yes what level and /or specialty?

- Therapeutic riding instructor, level:
- Driving, level:
- Vaulting

Equine experience: Please tell us about any certifications you have with other professional equine organizations (such as Pony Club, CHA, USDF, USEA, ARICP, Eagala,etc.)

Organization: Level:

Organization: Level:

Organization: Level:

Are you currently or have you been affiliated with an equine-facilitated mental health or educational program? If yes. Describe your role/duties.

Do you have experience working with mental health or special education clients in any setting? Please tell us where and what kind. Describe any other equine experience you have:

REGISTRATION DEADLINE: July 8, 2022

PATH Intl. ESMHL Workshop/Skills Test Registration Form
Workshop August 10, 11, 12 Skills Test August 13, 2022
REGISTRATION DEADLINE: July 8, 2022

Name _____ PATH Intl. # _____

Address _____

Phone: _____ email: _____

Please Register me for the following:

- | | |
|--------------------------------|-----------|
| _____ ESMHL Workshop only | \$425.00 |
| _____ ESMHL Skills test only | \$150.00 |
| _____ workshop and Skills Test | \$575.00 |
| _____ Audit Only | \$100.00* |
- (* does not count towards certification)

If you have any special dietary needs please list:

Fees due at the time of registration:

Tuition covers all materials as well as breakfast and lunch for workshop

I have enclosed a check _____ Check # _____

Credit Card Information:

Name on Card _____

Card Number _____

Billing Address _____

City _____ State _____ Zip _____

Exp Date _____ CVC _____

Calvin Center Lodging



The Conference Lodge is one of the larger conference facilities on site, and can accommodate adult and family groups. Big, beautiful, and set in the rolling hills of Atlanta, Georgia, these amazing conference facilities provide companies looking for a great locale for a business retreat the most perfect accommodations imaginable. I

Adjacent to the Dining Center and just off the lake shore, the Conference Lodge offers a large meeting room (60'x 38'), plenty of conference space, and 24 double occupancy hotel bedrooms each with a private bath. The fireplace is just one of the many conversation areas in the large lobby that you will enjoy. Other features include our continental breakfast area, outdoor terrace and wireless internet service throughout the handicap accessible lodge

These hotel rooms feature updated decors, comfortable beds, and beautiful sights of the surrounding countryside. There are also private bathrooms in every room, making these some of the best accommodations onsite.

**Calvin Center Lodging Form
PATH Intl ESMHL Workshop
August 10, 11, 12 ,2022
Skills Test 2022**

Rooms in our conference center are \$120/night
Dinner is provided with the room rate.
(shared rooms \$140/night/room and will include dinner)

____ I will be staying on site

____ I will not be staying on site

____ I will need one private room

____ I will be sharing a room with _____

Arrival Date: _____

Departure Date: _____

Total Nights: _____

I have enclosed a check _____ Check # _____

Credit Card Information:

Name on Card _____

Card Number _____

Billing Address _____

City _____ State _____ Zip _____

Exp Date _____ CVC _____

