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# PATH

## INTERNATIONAL

Professional Association of Therapeutic  
Horsemanship International

*Ensuring excellence and changing lives  
through equine-assisted activities and therapies*

# **Allowances Request Policies and Procedures**

## **Allowances Request Policies and Procedures** **Booklet Table of Contents**

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### **BOOKLETS REGARDING SPECIFIC CERTIFICATION REQUIREMENTS** **AND EXPECTATIONS ARE AVAILABLE ONLINE AT:**

<https://www.pathintl.org/resources-education/certifications>

**NOTE: CERTIFICATION PROGRAM BOOKLETS ARE UPDATED ON A REGULAR BASIS TO ENSURE ACCURACY AND CLARITY OF INFORMATION. PLEASE VISIT THE CERTIFICATION WEBSITE TO CONFIRM YOU ARE REFERENCING THE MOST RECENT VERSION, ESPECIALLY PRIOR TO ATTENDING A CERTIFICATION EVENT.**



#### **MISSION**

***PATH Intl. leads the advancement of professional equine-assisted activities and therapies by supporting our members and stakeholders through rigorously developed standards, credentialing and education.***

PATH Intl., Inc. / P.O. Box 33150/ Denver, CO 80233

1-800-369-7433 (RIDE) / Fax: 303-252-4610



## **Parameters for Acceptable Allowances**

PATH Intl. encourages instructor applicants to explore all avenues to make arrangements to work directly with PATH Intl. Certified Professionals holding the certification(s) that the applicant is pursuing. Hands-on experience under direct supervision of a qualified professional who is able to provide timely feedback is an invaluable tool for instructors in training to ensure they are prepared to enter the equine-assisted services field as a competent professional. PATH Intl. also recognizes that some applicants may be located in areas where PATH Intl. Certified Professionals are sparse or largely unavailable to provide supervision or mentoring. In certain cases where applicants do not have the opportunity to work with PATH Intl. Certified Professionals in their vicinity, PATH Intl. will consider granting special allowances for alternative methods of mentoring or supervision of the instructor applicant's prerequisite experience hours.

The following are acceptable, though not the only possible, parameters for requesting allowances:

- Applicant is located in an area where the nearest qualified PATH Intl. Certified Professional is three or more hours away from them, one way.
- Applicant does not have personal means of transportation and cannot reach the nearest qualified PATH Intl. Certified Professional via public transportation.
- Applicant has a conflict of interest with the PATH Intl. Certified Professional(s) within a three hour radius of them.
- Applicant wishes to supplement the mentoring or supervision provided by a PATH Intl. Certified Professional near them with mentoring or supervision by a more experienced PATH Intl. Certified Professional located three or more hours away, one way.



## Request for Allowances on Prerequisite Experience Hours

Applicant's printed name: \_\_\_\_\_ Candidate/Member ID: \_\_\_\_\_

Location (city and state): \_\_\_\_\_

I wish to request allowances for the:

- hands-on volunteer/paid hours of experience  teaching hours

for the following certification program (*select ONE*):\*

- CTRI  Advanced  Driving  Interactive Vaulting  
 Equine Specialist in Mental Health and Learning

*\*Separate request forms must be submitted for EACH certification program for which allowances are being requested.*

I request allowances for (check all that apply):

- \_\_\_\_\_ Long distance supervision (three hour or more distance one way)  
\_\_\_\_\_ Real-time virtual/streaming supervision  
\_\_\_\_\_ Video supervision (not real-time)  
\_\_\_\_\_ Other (Please specify below if other allowances are being requested):  
\_\_\_\_\_  
\_\_\_\_\_

If requesting allowances for teaching hours, please also specify:

Number of hours of group lessons are you looking to complete via real-time/streaming supervision \_\_\_\_\_

Number of hours of group lessons are you looking to complete via pre-recorded video review/supervision \_\_\_\_\_

Number of hours of private lessons are you looking to complete via real-time/streaming supervision \_\_\_\_\_

Number of hours of private lessons are you looking to complete via pre-recorded video review/supervision \_\_\_\_\_

I hereby acknowledge:

- Allowances are NOT guaranteed.
- Allowances are NOT exemptions. I understand that I will be expected to demonstrate competence of the same set criteria as all certification candidates.
- Allowances are considered on a case-by-case basis.
- Applicants must submit separate allowances forms for EACH certification program for which they are requesting allowances.
- A minimum of 60 days is to be expected to receive notice of whether or not allowances will be granted.
- PATH Intl. and affiliated centers are not responsible for refunding registration fees or travel expenses in the event that an allowance request is submitted with insufficient processing time.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return this form WITH the Documentation of Supervising Professional form to:  
PATH Intl. / Attn: Credentialing Department / P.O. Box 33150 / Denver, CO 80233*



## Documentation of Supervising Professional

***This form is to be completed by the PATH Intl. Certified Professional\*\* who will supervise the applicant requesting allowances.***

*\*\*A separate form must be completed by EACH PATH Intl. Certified Professional the applicant wishes to supervise them in a situation requiring allowances.*

### Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in my capacity as a(n)  
*Applicant Name*  
\_\_\_\_\_. I am currently located in \_\_\_\_\_  
*Professional Title* *(City)*  
\_\_\_\_\_ and am affiliated with \_\_\_\_\_  
*(State/Province, Country)* *(PATH Intl. Member Center, if applicable)*

The applicant discussed with me the nature of the supervision they seek. It is my opinion that, because of the situation described below, allowances should be granted allowing the applicant to receive mentoring or supervision by me via the following method(s):

(Check all that apply)  long distance  real-time virtual/streaming  video recording (not real-time)

**Description of situation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Proximity to applicant:

\_\_\_\_\_ (miles one way) \_\_\_\_\_ (hours of travel one way)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ PATH Intl. Certification or Member ID: \_\_\_\_\_

PATH Intl. Certification(s) held: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Return this form to the applicant for delivery to PATH Intl. with their application and allowances request materials.*