



Professional Association of Therapeutic
Horsemanship International

PATH Intl. Credentialing Council Candidate Nomination Form

Nominee Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Current Employer: _____ Position/Title: _____

Employer Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Nomination Details

Credentialing Council voting representative position for consideration:

Past and current participation in PATH Intl.:

Qualifications for position:

Briefly state any reasons not already stated in the sections above why you are nominating this individual:

To your knowledge, does the nominee have any experience with the following?

- | | |
|---|--|
| Accreditation of a certification program | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Assessment design | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Job task analyses (i.e., identifying candidate knowledge, skills and abilities) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Test item writing for exams | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Analysis of test question performance | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Analysis of test procedure performance | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Quality assurance compliance | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |

Does the nominee have any leadership experience in the following:

- Has served as a board member for: PATH Intl. and/or professional organization(s) similar to PATH Intl.
 Unsure
- Has been board officer or committee chairperson for: PATH Intl. and/or professional organization(s) similar to PATH Intl.
 Unsure
- Has been committee member for: PATH Intl. and/or professional organization(s) similar to PATH Intl.
 Unsure
- No professional organization experience to my knowledge

Name of individual nominating this candidate: _____

I have contacted the nominee and notified them of this nomination: Yes No

Signature of Nominator: _____ Date: _____

**PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE AND
NO LATER THAN OCTOBER 31, 2023.**

Email or fax completed form to:

ATTN: PATH Intl. Nomination Review Task Force

Email: picc@pathintl.org

Fax: (303) 252-4610