



Professional Association of Therapeutic Horsemanship International
PATH Intl. Evaluator/Faculty Annual Compliance Form

Evaluator:	PATH Intl. #		
Address:	City:	State:	Zip Code:
Phone:	Email:		

I am presently an evaluator/faculty in the following areas. (Check all that apply at this time)

- | | | | |
|-------------------------------------|-------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Lead | <input type="checkbox"/> Associate | <input type="checkbox"/> Apprentice |
| <input type="checkbox"/> Advanced | <input type="checkbox"/> Lead | <input type="checkbox"/> Associate | <input type="checkbox"/> Apprentice |
| <input type="checkbox"/> Master | <input type="checkbox"/> Lead | <input type="checkbox"/> Associate | <input type="checkbox"/> Apprentice |
| <input type="checkbox"/> Vaulting | <input type="checkbox"/> Lead | <input type="checkbox"/> Associate | <input type="checkbox"/> Apprentice |
| <input type="checkbox"/> ESMHL | <input type="checkbox"/> Lead | <input type="checkbox"/> Associate | <input type="checkbox"/> Apprentice |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Lead | <input type="checkbox"/> Associate | <input type="checkbox"/> Apprentice |

Compliance requires that all PATH Intl. Riding Certification Evaluators submit the following information annually by April 1st. This form must be completed prior to teaching any OSWC.

I have completed the following continuing education to maintain evaluator status:

Event/Title	Sponsor/Location	Date

I have been a faculty member at the following OSWC, PATH Approved Training Course, or PATH approved Higher Education course this past calendar year:

Event	Location	Role	Date

Attach additional sheets if necessary

*Evaluators are required to attend an annual evaluator update as well as any other mandatory webinars. Evaluators must teach at least one OSWC or Approved Training Course or teach at a college or university as part of the PATH Intl. Higher Education Membership at least once every two years.

I do hereby state that all information listed within or submitted with this form is considered true and accurate. I have read and fully understand and will uphold the PATH Intl. Code of Ethics for instructors and evaluators at all times.

Print Name Signature Date