



Preliminary Host Application Packet NARHA/EFMHA Equine Specialist Workshop

Dear NARHA/EFMHA Host Site,

Thank you for your interest in hosting an EFMHA Equine Specialist (ES) Workshop. Following is the preliminary information packet concerning the process and requirements. Please review the information, and feel free to call if you have any questions regarding the process.

If you decide that you meet the requirements and would like to host an EFMHA Equine Specialist (ES) Workshop, please follow the directions and complete the *Preliminary Host Application Form* included with this packet. This form should be returned to the NARHA office. Please keep this packet for use at a later date if you get approved to host an Equine Specialist (ES) Workshop, as this information will be valuable to you before, during and after the workshop!

Upon receipt of your *Preliminary Host Application Form*, the NARHA office will send the second packet of materials and information if your host site is approved host a workshop. **Completion of this form does not guarantee that your site will be chosen and does not confirm your site or dates.**

THANK YOU FOR HELPING MAKE NARHA & EFMHA STRONG!!!



EFMHA ES Workshop Materials Review

The following materials are provided to host sites by the NARHA office

Preliminary Host Application Packet

The “Preliminary Host Application Packet” includes the following items (enclosed herein):

- Host Site Process
- Budget Information
- Policies and Procedures
- Host Site Requirements
- Preliminary Host Application
- Materials Order Form
- ES workshop application to send to interested candidates
- Faculty list
- Example Contract

If you are interested in hosting a Workshop the designated center contact person must complete and return the *Preliminary Host Application Form* to NARHA. Upon receipt of the *Preliminary Host Application Form*, NARHA will send a receipt confirmation via email and inform the host site contact person of the status of your application. Upon receipt the NARHA office will approve or deny the host application.

Host Site Organizational Packet

If approved the NARHA office sends a “Host Site Organizational Packet” to the Host Site, this is in the process of being developed please be patient and the NARHA office will send it to you as soon as it is available.

Host Site Final Forms Packet & Workshop Materials Box

Approximately a week before the start of the workshop NARHA will provide the “Host Site Final Forms Packet” and all workshop materials. this is in the process of being developed please be patient and the NARHA office will send it to you as soon as it is available.

At the conclusion of the Workshop, the Host Site returns unused manuals, check acknowledgement letter, final accounting statement and all completed evaluation forms to the NARHA office.



EFMHA ES Workshop Host Site Process

The following is an overview of the entire process with designated responsibilities.

Pre-Workshop Responsibilities/Process

The Host Site:

1. Receives and reviews copy of the *Preliminary Host Application Packet* to determine if all requirements can be met to host an EFMHA Equine Specialist Workshop
(*Review Host Site Requirements*)
2. Decides to proceed and completes *Preliminary Host Application Form* and returns it to the NARHA Office. Upon receipt NARHA will send email confirmation of receipt of *Preliminary Host Application Form* and then proceed with review of host site. NARHA will approve or deny the application. If approved NARHA will send *Host Site Organizational Packet*.
3. Assesses budgetary requirements and determines if they will be able to provide appropriate lodging for faculty. Faculty can also stay in a nearby hotel. Please review the budget example on page 7. (*See host site requirements and benefits for lodging requirements and host site benefit.*)
4. Contracts with two NARHA Workshop On-Site Faculty to conduct the Workshop. At least one of the Faculty must be a Mental Health Professional and one faculty must be an Equine Specialist—See the faculty list on page 15 and 16. Contract will include fees to be paid to NARHA prior to workshop and expenses (i.e. transportation, meals, accommodations, and parking) to be paid directly to Faculty/Evaluators at conclusion of workshop. Please see contract form on page 17.
5. Is responsible for advertising and marketing the NARHA Registered OSWC. Any administrative or schedule details from the Host Site should also be included. It is not appropriate to use the word “therapy” in your advertising.
6. Works with contracted Faculty/Evaluators to make sure all necessary requirements are in place to ensure a smooth running On-Site Workshop/Certification process. *Review Host Site Requirements*.
7. Registers Workshop Participants (maximum 30)
8. Ensures that all paperwork is completely filled out for all Workshop attendees, see application on page 12-14. This application is available online for participants as well. However your center can send a copy to any participant interested in registering. These forms are only examples, your center can add to them as necessary. All requests for accommodation to any portion of the workshop or application requirements are to be referred to the NARHA office.
9. Ensures all registration dates, refund policies, travel and lodging information, and center rules have been sent to all participants attending the workshop.
10. Completes the *Materials Order Form* for the Workshop Manuals by deadline date provided by NARHA (30 days prior to the event). Include a check with the order Form for materials and Faculty fees. These fees are due to NARHA before materials can be sent. **Host Sites have to notify the NARHA office of late registrants not included on Materials Order Form prior to the On-Site Workshop and/or Certification to determine if the registrants qualify for participation.**

NARHA:

1. Receives and reviews *Preliminary Host Application Form* for approval to host. Sends confirmation email to designated host site contact person upon receipt of the application form. Posts the event on the NARHA calendar.
2. Verifies all workshop attendees are both EFMHA and NARHA members. Issues checks to NARHA faculty for the workshop.
3. NARHA provides workshop certificates and ES manuals to all workshop attendees.

Host Site Process Cont'd

Pre-Workshop Responsibilities/Process – Host Site Advertising Terminology & Descriptions (if applicable)

The following wording can also be used to advertise the workshop in your local area and/or region:

This three-day workshop, a program developed by the Equine Facilitated Mental Health Association (EFMHA), provides specialized training for experienced equestrians who are interested in equine facilitated mental health and education programs. This workshop is not designed to train educators or mental health professionals how to perform their role in equine facilitated learning or psychotherapy.

Staff:

This workshop will be taught by some of the most experienced people in the field of equine facilitated mental health and learning and will give the participants a chance to see what is current in the field. Each course will be team taught by an Equine Specialist/NARHA Certified Therapeutic Riding Instructor in collaboration with a mental health professional working with several equines.

Focus of Training:

- The specific role of the Equine Specialist when assisting or collaborating with human service providers.
- Designing safe, mutually beneficial and effective activities to enhance participant outcomes.
- Determining specific horse handling methods.
- Understanding students with mental health and/or learning issues.
- Assessing the horse's response to student behaviors and needs.
- To help prepare qualified participants to take the NARHA Equine Specialist Certification once available.

Training is designed for:

- Equine Professionals
- Therapeutic Riding Instructors
- Those who wish to enhance their ability to work with mental health and education professionals and their clients.

Prerequisites:

- Equestrian skills on the flat in English or Western tack comparable to those described in Pony Club C or CHA Level 1, familiarity with NARHA Standards and NARHA Code of Ethics, and/or a NARHA Certified Therapeutic Riding Instructor.
- Be at least 21 years of age with a high school diploma or GED with a demonstration of continued learning.

Cost: *Cost includes materials (provided by NARHA), breakfast or snack and lunches for all attendees (provided by the host site)*

The host site can determine cost for each attendee. See sample budget on page ???

To Register:

- Participants send registration forms and payment to the host site contact person. (PDF download on the NARHA website or can be provided by the host site.) Application forms must be submitted no later than 7 days before the date of the workshop. Registration deadline to be set by the host site and communicated to all participants and the NARHA office.

Post Workshop/Certification

The Host Site:

1. Works with the Faculty/Evaluators to make sure all Workshop and/or Certification materials are collected, including all Evaluation Forms and Check Acknowledgment Letter. It is the responsibility of the faculty/evaluators to mail all evaluation materials to the NARHA office.
2. Completes a Final Accounting Statement Form to return to NARHA along with any unused manuals. Must be sent to the office within three working days following the conclusion of the workshop. A review of fees **due to NARHA** are as follows:

Due to NARHA before Workshop: (Materials Order Form)

- Workshop Participant fee \$100.00 (Includes workshop manual)
- Faculty fees (2) \$300.00 (per Faculty per day)

Due to NARHA after Workshop: (Final Accounting Statement)

- Any workshop attendees that registered late \$100.00 (Participation Fee)
- NARHA/EFMHA memberships (if purchased on-site) \$45.00/\$30.00
- Materials Order Form Late Fee \$40.00 + Express Shipping Cost (if applicable)
- Workshop Manual Restocking Fee \$5.00 per Manual (for any returned manuals)

EFMHA ES Workshop Host Site Process Cont'd



The following is an overview of the entire process with designated responsibilities.

During Workshop Responsibilities/Process

The Host Site:

1. Makes sure all requirements are in place. This may include organizing backup options.
2. Ensures that disruptions do not interfere with the Workshop.
3. Upholds the privacy and confidentiality of all Workshop Participants.
4. Ensures that proper safety equipment is used throughout the process (including ASTM-SEI helmets).
5. Upholds the NARHA Standards for Centers.
6. Provides food all 3 days.
7. Ensures that materials are given to faculty and collected at completion of workshop in order to return to the NARHA office with unused materials.

Post Workshop Responsibilities/Process

The Host Site:

1. Works with the faculty and NARHA/EFMHA to make sure all Workshop materials are collected, including all Evaluation forms. It is the responsibility of the host site to mail all evaluation materials to the NARHA office. This includes all unused manuals to NARHA. All materials must be sent to the office within three working days following the conclusion of the workshop.
2. Appropriate lodging should be within reasonable driving distance (max. 25 miles) and have the ability to be private as needed by the faculty for workshop preparation and review.



EFMHA ES Workshop Budget Information

The following information is provided to help Host Sites determine expenses and fees:

1. Faculty. Please use the faculty list included in this packet to contact two faculty members to teach the workshop. Please remember one faculty must be a mental health professional and one must be an equine specialist. One Lead person must be chosen from either list.
 - The fee for Faculty is \$300.00 per day, to be paid with “Materials Order Form.” This fee must go through the NARHA office because NARHA pays for Professional Liability Insurance for the Faculty. The faculty will arrive one day prior to the workshop as a preparation day and are paid their daily fee for this day. The workshop is 3 days, the schedule can vary based on number of participants.
 - The Host Site is responsible for all transportation, lodging, and food expenses for Faculty (in addition to per day fee.)
2. Fees to NARHA
 - Host Site pays NARHA \$100.00 per Workshop Participant (includes manual) to be paid with “Materials Order Form.”
 - Host Site pays NARHA any late workshop applicant fees, late Material Order Form fee, and any late shipping charges (if applicable) to be included with “Final Accounting Statement.”
 - Total Evaluator fees (NOT expenses)
 - Late and/or damage fees, or NARHA membership dues.
3. Participant Expenses
 - Host Site must determine if the fee to Participants will cover lodging and food or if Participants must cover those expenses independently. This decision will depend on Host Site’s resources (for example: a residential facility may choose to include those services.)
 - The host site determines how much to charge participants for the workshop, a recommendation is below.
4. Miscellaneous Expenses (may or may not apply)
 - Advertising
 - Postage
 - Copies
 - Telephone
 - Additional Insurance (Host Site must check with their insurance coverage to determine if extra insurance is needed.)
 - Materials Order Form Late Fee
 - Workshop Manual Restocking Fee & Damage Fee

An example budget based on 15 workshop Participants. Maximum number of participants is 24. Please communicate with faculty to determine optimum schedule for number of participants registered. (This is only a sample, each Host Site’s circumstances are different.) Some Host Sites may choose to have the entire OSWC underwritten through donations.)

Income: Workshop Participant fees	(\$475.00 each)	<u>\$7,125.00</u>
	Total Income	\$7,125.00
Expenses:	Workshop participant fees to NARHA	\$1500.00
	Faculty Fees- to NARHA	2400.00
	Air fare	750.00
	Insurance for Facility	90.00
	Hotel	400.00
	Car rental	150.00
	Food	450.00
	Advertising	<u>100.00</u>
	Total Expenses	\$5840.00
	Profit to Host Site	\$1285.00



EFMHA ES Workshop Policies/Procedures

The following is an overview of policies and procedures relating to the workshop.

Recommended Policies for use by the Host Site

Cancellation Policy

Host Sites shall determine their own cancellation and refund policies for candidates who cancel. This policy should be included in the materials sent out to applicants by the Host Site.

If the Workshop itself must be cancelled, for whatever reason, the faculty must be notified immediately and reimbursed for any accrued contractual expenses. All Workshop materials must be returned to the NARHA office.

In the case of cancellation by a candidate OR cancellation of the Workshop, extra materials must be paid for by the Host Site or returned to the NARHA office for credit.

Accommodation Requests

An accommodation is an adjustment or an adaptation of a component or components of the Registered Instructor 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 the NARHA office with the initial application form. All requests for accommodations will be reviewed by the NARHA Certification Committee and the NARHA office on an individual basis and applicants will be notified of the decision. For more information please contact the NARHA office.

Host Site Height/Weight Limit

Host Sites should have indicated on their Intent to Host form if they have a height or weight limit policy, or any other restrictions, already in place for regular program operations that may affect a candidate's participation in the certification. Host Sites, your policy regarding height and weight limits should be on your OSWC flyer, in your confirmation letters, and on your website, if applicable. If a Candidate needs an accommodation because of this policy, contact the NARHA office. The procedures for an accommodation request must be followed.

Confidentiality Agreement

Host Sites should also include a Confidentiality Agreement for the participants to sign if this is in keeping with the Host Site's policies regarding confidentiality.

Photo Release

Host Sites should also include a Photo Release form if photographs are going to be taken of Candidates at the On-Site.

Event Insurance

Contact Markel for information.



EFMHA ES Workshop Host Site Requirements

The NARHA Equine Specialist Certification Committee has the following host site requirements.

Host Site Facility:

- NARHA Premier Accredited Center (or approval by NARHA)
 - *All participants must fill out required host site liability forms from the center upon arrival.*
- Covered arena (indoor and/or outdoor)
- Barn with stalls and aisle with crossties or similar setup
- Handicapped accessible classroom/meeting room large enough for approximately 25 people, room must have tables and chairs to fit everyone comfortably in classroom format for note taking during workshop.
- Handicapped accessible restrooms
- Easily accessible to airport, hotel, public transportation and restaurants within reasonable driving distance
- *Hotel or appropriate lodging for the faculty close to the host site (if applicable, see host site benefits)

* Appropriate lodging should be within reasonable driving distance (max. 25 miles) and have the ability to be private as needed by the faculty for workshop preparation and review.

Equine & Equine Equipment Needs:

- 1-2 Grooming buckets for selected equines
- 1-2 english and/or western saddles that properly fit the selected equines to be ridden
- 4 – 6 Equines who are safe and sound with the following experience:
 - 3-4 equines who are used to be turned out together
 - 4 with riding experience
 - 1-2 with longeing/lungeing and longlining experience
 - 1-2 with equine facilitated experience

Materials, Equipment and Personnel Needs:

- 2 flip charts, colored markers and tape
- Name tags for participants, staff and volunteers
- Access to copy machine and paper
- ASTM-SEI Helmets – per NARHA Core mandatory standards
- TV, VCR, Overhead projector (if applicable)
- Lavalier microphone (if applicable)
- Host site contact person to assist with ½ day prior to start of workshop to show faculty facility/equines
- 2 host site volunteers daily for all 3 days to assist with the following items listed below. *These volunteers may audit the workshop at any time and need to make themselves available, as needed, during the day according to the schedule.*
 - Food preparation if needed
 - Daily sign in, last minute copying
 - Assisting with preparedness of equines for workshop equine hands on components
 - Finding needed equipment

Food & Beverage:

- HEALTHY** snacks, lunch, beverages and water for participants, staff and volunteers for all three days of workshop.

EFMHA ES Workshop – Preliminary Host Application Form



Please complete and return this Form to NARHA, Attn: Certification Department, PO Box 33150, Denver, CO 80233 - or fax to: 303-252-4610

Name of Host Site: _____ NARHA Center #: _____

Host Site Website Address: (if applicable) _____

Name of Contact Person/Title: _____
(Required. This person must be staff at the host site. They will be responsible for all communication throughout process)

Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different than above): _____

Phone number: _____ Alt. Phone Number: _____ Fax number: _____

Contact person's e-mail: (Required) _____

ES Workshop information:

(Please keep in mind that the EFMHA ES Workshop faculty arrives a full day prior to the start of the workshop in order to tour the facility and meet equines. Staff/facility will have to be available at this time)

Please fill in the blank using this format for possible dates: faculty day 7/5, workshop 7/6-7/8, 2007

Date: _____ Cost: _____

Contracted Faculty _____

The Host Site:

- Is a NARHA Premier Accredited Center (or attached letter of reference)
- Has required covered arena (indoor and/or outdoor)
- Has required handicapped accessible classroom facility, as outlined in requirements for workshop
- Classroom facility can accommodate participant numbers as outlined in requirements for workshop
If not how many can it accommodate: _____
- Barn with stalls and aisle with crossties or similar setup
- Is accessible to airport, hotel, public transportation and restaurants
- Has access to overhead projector, flip chart, TV, VCR, copy machine and paper
- Can provide safe sound equines as outlined in requirements for workshop
- Can provide volunteers as outlined in requirements for workshop
- Can provide healthy food, snacks, beverages and water as outlined in requirements for workshop
- I have enclosed photos of the facility that may help in determining approval of host site (*not required*)
- (*If applicable*) Can provide lodging for faculty within close proximity to workshop host site as outlined in requirements for workshop.

I have read the requirements and Preliminary Host Application Packet for hosting a NARHA/EFMHA Equine Specialist Workshop and understand and agree that the Host Site will meet those requirements and follow the processes as outlined. I understand that failure to do so could result in loss of the privilege to host the NARHA/EFMHA Equine Specialist Workshop. I understand that the contact person stated above is responsible for all communication to the host site and if this person changes the NARHA office will be notified immediately. I understand the \$750.00 Host Site Fee as outlined in this packet is going to be payable to the above host site.

Print: _____ Signed _____ Date _____

Please complete and return this Form to: NARHA, Attn: Certification Department, P.O. Box 33150, Denver, CO 80233 - or fax to: (303) 252-4610

Materials Order Form

The manuals for the Workshop must be ordered by the Host Site by the deadline date below prior to the start of the Workshop. **This Materials Order Form (MOF) with full payment needs to be received in the NARHA office by: _____, or a late fee of \$40 will apply.** Payment of \$100.00 per Workshop participant as well as the fees for both faculty/evaluators must be included with the order. You may want to order additional Workshop manuals in anticipation of late registrants. All unused manuals can be returned at the close of the Workshop. A restocking fee of \$5.00 will be applied to every manual returned to the NARHA office with full refund if not damaged. If returned manuals are damaged fees apply.

Ship to: _____
(this shipping address must be a physical address that UPS delivers)

Number of Participants (Participation Fee) _____ X \$100.00 = _____ (CWSP)

Total fee for Lead Faculty/Evaluator _____ = _____ (CEVL)
(name & member #)

Total fee for Second/Associate Faculty/Evaluator _____ = _____ (CEVL)
(name & member #)

Total enclosed: _____

To assist the NARHA office in verifying that candidates are current and active members please include a list of participants that you have signed up for the workshop at the time of submission of this form. **Any changes to this form, i.e. additional Participants, after this form has been received by the NARHA office need to be communicated as soon as possible.**

Please list the participants below **Circle either Workshop, Certification, or Both-----**

Participant/Candidate Full Name & NARHA Member # (required)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Mail or fax this form and full payment to: NARHA, Certification Department, P.O. Box 33150, Denver, CO 80233



EQUINE FACILITATED MENTAL HEALTH ASSOCIATION
Equine Specialist Workshop



SKILLS FOR WORKING WITH MENTAL HEALTH AND EDUCATION PROFESSIONALS AND THEIR CLIENTS

PROFILE FORM

Please complete this form and send it with your application and payment by two weeks before the workshop to:
 NARHA, PO Box 33150, Denver, CO 80233. Or fax it with a credit card payment to 303.252.4610.
 You will be notified of space availability via email for your registration.

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 NARHA 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 Educational Clients in any setting?
 Please tell us where and what kind.

Describe other Equine experience you have:

NARHA PHOTO RELEASE FORM

I hereby consent to and authorize the use and reproduction by the North American Riding for the Handicapped Association (NARHA) of any and all photographs taken of me/my son/my daughter/my ward for promotional printed materials, educational activities, NARHA's website, and exhibitions or for any other use for the benefit of NARHA and equine assisted activities.

Signature: _____ Date: _____

For NARHA Records:

Name: _____ Name of person(s) in photo _____

Address: _____ City: _____ State: _____ Zip: _____

Phone/email: _____



EQUINE FACILITATED MENTAL HEALTH ASSOCIATION
Equine Specialist Workshop



SKILLS FOR WORKING WITH MENTAL HEALTH AND EDUCATION PROFESSIONALS AND THEIR CLIENTS

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

Please complete this form and send it with your application and payment by two weeks before the workshop to:
 NARHA, PO Box 33150, Denver, CO 80233. Or fax it with a credit card payment to 303.252.4610.
 You will be notified of space availability via email for your registration.

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of (enter the host site name) _____, I authorize the workshop Instructors or their designees to:

1. Secure and retain medical treatment and transportation if needed.
2. Release pertinent information upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant's Name: _____ DOB: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Primary: _____ Secondary: _____

In the event I cannot be reached:

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

Health Insurance Co.: _____ Phone: _____

Allergies to medications: _____

Current Medications: _____

One of the following must be completed:

Consent Plan:

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Consent Signature: _____ Date: _____
 (Participant, Parent or Guardian)

Print Name: _____ Phone: _____

Address: (if different from participant) _____

Non-Consent Plan:

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of (enter the workshop site) _____.

In the event emergency treatment/aid is required, I wish the following procedures to take place: (explain below)

Non-Consent Signature: _____ Date: _____
 (Participant, Parent or Guardian)

Print Name: _____ Phone: _____

Address: (if different from participant) _____



EQUINE FACILITATED MENTAL HEALTH ASSOCIATION
Equine Specialist Workshop



SKILLS FOR WORKING WITH MENTAL HEALTH AND EDUCATION PROFESSIONALS AND THEIR CLIENTS

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.)
- I am a NARHA Member. Member Number _____
- I am an EFMHA Member.
- I have called the NARHA office to pay any memberships needed. (if applicable)

NOTE: You must be a NARHA and EFMHA member to attend, if you are neither you must pay membership fees directly to the NARHA office, \$45 for a NARHA membership and \$30 for an EFMHA membership. If you are a NARHA member but not an EFMHA member please call the NARHA office to pay the \$30 EFMHA Membership.

I have enclosed with my application:

- Emergency Medical Forms
- Profile Form
- Payment and/or payment information

Payment Information:

Cost of workshop: Tuition covers all materials, lunches, and snacks. Maximum number of applicants: 24 at each location
 Please ask the host site for a copy of their refund policy. NARHA is not responsible for refunds.

Cost of workshop is determined by the host site.

Memberships are paid directly to NARHA.

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: _____ Exp. Date: _____

Name as appears on card: _____

Signature: _____ Date: _____



EQUINE FACILITATED MENTAL HEALTH ASSOCIATION
Equine Specialist Workshop



SKILLS FOR WORKING WITH MENTAL HEALTH AND EDUCATION PROFESSIONALS AND THEIR CLIENTS

Faculty List

(Updated – 10/07)

Two faculty are required to conduct a Equine Specialist Workshop; one must be a Mental Health Professional and the other must be an Equine Specialist/Horse Person. There must be at least one Lead faculty which can either be a Mental Health Professional or Equine Specialist/Horse Person. *(For example: The center may contract with one Lead Mental Health Professional and an Associate Equine Specialist/Horse Person for a scheduled workshop.)*

Mental Health Professionals

Lead Faculty:

NARHA #	Name	City & State	Contact number	Email Address
7418	Leslie McCullough <i>LMSW-ACP, LSOTP</i>	Bergheim, TX	(210) 885-8696 or (830) 229-5098	legendsequestrian@yahoo.com
49650	Susan (Suz) Brooks <i>Psy.D.</i>	Patterson, NY	(845) 279-2995 or (845) 278-8326	sbrooks@bestweb.net

Associate Faculty:

NARHA #	Name	City & State	Contact number	Email Address
41755	Joseph (Joe) Callan <i>LCSW</i>	Tampa, FL	(813)980-3488 or (813) 924-0488	jandcallan@juno.com
37119	Marilyn Sokolof, <i>Ph.D.</i>	Gainesville, FL	(352)373-4267 or (352) 318-4795	msokolof@aol.com

The following are Apprentice Mental Health Professional Faculty who can apprentice with a lead faculty if the facility hosting the workshop agrees and has the capacity to have an apprentice. Maximum: One per evaluator

Apprentice Faculty:

NARHA #	Name	City & State	Contact number	Email Address
7019	Susanne Haseman, <i>LCMHC, CEFIP-MH</i>	Cornish, NH	(603) 543-9590 or (603) 252-5425	susanne.haseman@valley.net

Equine Specialist/Horse Person

Lead Faculty:

NARHA #	Name	City & State	Contact number	Email Address
38959	Memree Stuart	Hawthorne FL	(352) 481-2026 or (352) 317-2391	memrees@earthlink.net
11434	Amanda (Mandy) Hogan	Boxford, MA	(978) 682-7855 or (978) 927-0320	mandy@windrushfarm.org

Associate Faculty:

NARHA #	Name	City & State	Contact number	Email Address
454	Ann Alden	Tucson, AZ	(520) 219-3398 or (520) 820-5757	aca@bmi.net
7277	Trish Broersma	Ashland, OR	(541) 482-6210 or (541) 890-6376	epohna@aol.com
7878	Gisela Rhodes-Heimsath	Newcastle, ME	(207) 563-3974	giselahr@tidewater.net

The following are Apprentice Equine Specialist/Horse Person Faculty who can apprentice with a lead faculty if the facility hosting the workshop agrees and has the capacity to have an apprentice. Maximum: One per evaluator

Apprentice Faculty:

NARHA #	Name	City & State	Contact number	Email Address

NARHA Equine Specialist Workshop (example contract only)

THIS CONTRACT, made and entered into for the NARHA Equine Specialist Workshop to be held at Host site Location on Date by and between Host site name and Faculty Name, hereinafter called "FACULTY".

Now, therefore, it is agreed between the two parties as follows:

The compensation of the Evaluator is **\$300.00/ day** for the Three day workshop on the dates of _____ and for the One day on-site preparation _____. This fee will be given to the FACUTLTY at the workshop, by the host site representative. The total faculty fee paid will be \$1200.

Expenses for travel, lodging, and meals will be paid for the following time period:

These reimbursable expenses are paid directly to the Faculty by the host site.

Expected arrival date for Evaluator member is: _____

Expected departure date for Evaluator member is: _____

FACUTLY SIGNATURE: _____

HOST SITE SIGNATURE: _____

Faculty Contact Information:

Address: _____

Home phone: _____ Work/Cell: _____

Fax: _____

E-mail: _____