Allowances Request
Policies and Procedures
Allowances Request Policies and Procedures

Booklet Table of Contents

PARAMETERS FOR ACCEPTABLE ALLOWANCES .......................... 3
REQUEST FOR ALLOWANCES ................................................... 4
DOCUMENTATION OF SUPERVISING PROFESSIONAL ............. 5

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):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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 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) ___________________________. I am currently located in ___________________, (City)
________________________(State/Province, Country) and am affiliated with ____________________________ (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.