



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

To your knowledge, does the nominee have any leadership experience in the following:

Has served as a board member for:	<input type="checkbox"/> PATH Intl. and/or <input type="checkbox"/> professional organization(s) similar to PATH Intl. <input type="checkbox"/> Unsure
Has been board officer or committee chairperson for:	<input type="checkbox"/> PATH Intl. and/or <input type="checkbox"/> professional organization(s) similar to PATH Intl. <input type="checkbox"/> Unsure
Has been committee member for:	<input type="checkbox"/> PATH Intl. and/or <input type="checkbox"/> professional organization(s) similar to PATH Intl. <input type="checkbox"/> Unsure
	<input type="checkbox"/> No professional organization experience to my knowledge

Name of individual nominating this candidate: _____

I have contacted the nominee and notified him/her of this nomination: Yes No

Signature of Nominator: _____ Date: _____

**PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE AND NO LATER THAN
August 7, 2017**

Email or fax completed form to:

ATTN: PATH Intl. Nomination Review Task Force

Email: picc@pathintl.org

Fax: (303) 252-4610