



Professional Association of Therapeutic
Horsemanship International

PATH Intl. Credentialing Council Candidate Consent to Serve

Candidate Information

I hereby consent to have my name submitted to the PATH Intl. Nomination Review Task Force in consideration for the PATH Intl. Credentialing Council voting representative position of (list your preferred position):

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Number of years as a PATH Intl. member: _____

Experience Related to Credentialing Council Tasks

Do you have any experience with the following?

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

Leadership Experience

(Use additional pages for organization names and contact info if necessary.)

Check all applicable boxes below.

Have served as board member for: ☐ PATH Intl. and/or ☐ professional organization(s) similar to PATH Intl.

Organization: _____

Contact name: _____

Contact email: _____

Have been board officer or committee chairperson for: ☐ PATH Intl. and/or ☐ professional organization(s) similar to PATH Intl.

Organization: _____

Contact name: _____

Contact email: _____

Have been committee member for: ☐ PATH Intl. and/or ☐ professional organization(s) similar to PATH Intl.

Organization: _____

Contact name: _____

Contact email: _____

☐ No professional organization experience

I further consent to the PATH Intl. Nomination Review Task Force contacting the following two professional references to validate my qualifications for this position.

(NOTE: These references should be able to attest to your performance on/with committees and should not include relatives or the individual who nominated you.)

Reference #1

Name: _____ Position: _____

Organization: _____

Phone: _____ Email: _____

Reference #2

Name: _____ Position: _____

Organization: _____

Phone: _____ Email: _____

In 200 words or less, please describe your vision for the PATH Intl. Credentialing Council and your role on it.
(NOTE: This will be published as your purpose statement in the election materials.)

- I have read the credentialing council charter and I am willing to accept the responsibilities of a credentialing council voting representative if elected. _____(Initial)
- I understand and am able to commit to the time and financial commitments (including travel expenses to annual in-person meeting) necessary to satisfy the responsibilities of a credentialing council voting representative if elected. _____(Initial)
- I agree to be accepted for consideration for a voting representative position on the credentialing council. _____ (Initial)
- I have enclosed a copy of my current curriculum vitae. _____(Initial)
- Are you willing to be assigned to an alternate voting representative position in the event there are excess nominees in your preferred category?
☐ Yes ☐ No

If yes, please indicate alternate council voting representative positions below:

- Are you interested in serving as the Credentialing Council chair or an officer? ☐ Yes ☐ No
- I have completed this form in its entirety. _____(Initial)

Signature of Nominee: _____ Date: _____

**PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE AND NO LATER THAN
AUGUST 9, 2019**

Email or fax completed form to:

ATTN: PATH Intl. Nomination Review Task Force

Email: picc@pathintl.org

Fax: (303) 252-4610