



PATH Intl. CTRI Credential Transition Form

Use this form BEFORE JUNE 30, 2021 to transition your current PATH Intl. Therapeutic Riding Instructor Certification to the PATH Intl. CTRI credential.

DO NOT use this form if you are EXCLUSIVELY a therapeutic driving instructor OR Equine Specialist in Mental Health and Learning.

Instructor name: _____ PATH Intl. Member ID: _____

Section 1: I hold the following PATH Intl. certification(s):

- Registered TRI Advanced TRI Master TRI Interactive Vaulting
- Therapeutic Driving Level I Therapeutic Driving Level II Therapeutic Driving Level III
- Equine Specialist in Mental Health and Learning

Section 2: I attest that:

- My PATH Intl. membership is current **OR** I do not currently hold PATH Intl. membership.
- My certification maintenance fee (\$75 for members, \$95 for non-members) has been paid **OR** is included with this form.
- My Adult and Child First Aid and CPR certifications are current (100% online courses are acceptable).
- I have read, fully understand and will uphold the [PATH Intl. Certified Professional Code of Ethics](#) at all times and agree to maintain compliance with the *PATH Intl. Standards for Certification and Accreditation*.
- I received a passing score on the online certification maintenance test on: _____
(date)
- I have completed a minimum of 20 hours of continuing education activities as defined by the [PATH Intl. CEU Guidelines](#).

Section 3: Documentation of a minimum of **20 continuing education hours** obtained during the previous 12 months including:

- 1) **A minimum of 6 hours** of disability education (DE)
 - 2) **A minimum of 2 hours** of core requirements relevant to each certification held (CR)
 - 3) Additional general continuing education activities (CE) involving active participation and/or reflecting pursuit of professional development to reach a total minimum of 20 hours
- I have verified that my coaching was provided by a CURRENT PATH Intl. Certified Instructor (if applicable).

Event/Activity	Location/Institution/Coach/Research Supervisor	Date (mo/year)	CE/DE/CR	Hours

BY CHECKING THE BOX BELOW, I ACKNOWLEDGE AND AGREE THAT ALL INFORMATION ON THIS FORM IS TRUE AND ACCURATE. Furthermore, I understand that failure to abide by the PATH Intl. Certified Professional Code of Ethics could result in disciplinary proceedings.

Agree:

Print Name _____ Signature _____ Date _____

Submit completed form via email to certificationcompliance@pathintl.org or mail to:
PATH Intl., P.O. Box 33150, Denver, CO 80233 Fax: (303) 252-4610, Phone: (800) 369-7433

**NOTE: You are responsible for keeping a copy of this form for your records.
All information submitted on this form is subject to further review by PATH Intl.**