

**PATH Intl. Registered
Therapeutic Riding Instructor Certification
Video Submission Phase II Paperwork**

PATH INTL.
**2020 REGISTERED THERAPEUTIC RIDING INSTRUCTOR
CERTIFICATION VIDEO SUBMISSION APPLICATION**

Please submit this completed form to PATH Intl. via email or mail.

NOTE: June 30, 2021 is the LAST DATE that video submission applications will be accepted.

Name of Candidate: _____ PATH Intl. Member ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: (____) _____ Email (required): _____

Entire checklist must be completed to be eligible for video submission:

1. I am at least 18 years of age.
2. I am a current PATH Intl. Individual member. Membership# _____
3. I have included front and back copies of my current first aid and adult and child CPR cards.
4. I have included a copy of my instructor in training letter issued by PATH Intl.
5. I have included documentation of my 25 group teaching hours supervised by a PATH Intl. Certified Riding Professional.
6. ***NOTE: One of the following is REQUIRED – if you have not completed the PATH Intl. Registered Instructor on-site workshop or an equivalent as of June 1, 2020, you are NOT ELIGIBLE for video submission.***
 I have included a copy of my certificate of completion for the PATH Intl. Registered Instructor on-site workshop.
OR
 I have included proof of successful completion of a course of study at a PATH Intl. Higher Education Institution or PATH Intl. Approved Training Course.

_____ **I agree to pay the video submission fee as indicated below and understand that my video demonstrations**
(initials) **will not be evaluated until all of my candidate paperwork and payment is received by PATH Intl.**

- \$160 for PATH Intl. participating, professional or professional plus members
- \$80 for PATH Intl. Higher Education Student members or PATH Intl. Approved Training Course graduates

I wish to pay by (check one):

- Online invoice (payable via your portal at pathintl.org) Check enclosed (make payable to PATH Intl.)



Please mail or email this completed form to PATH Intl.
PATH Intl., P.O. Box 33150, Denver, CO 80233
Certificationrequirements@pathintl.org

PATH Intl. Registered Instructor DOCUMENTATION OF GROUP TEACHING HOURS

Additional forms may be used for additional hours and/or mentors

Name of Candidate: _____ Member#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day(____) _____ Evening (____) _____ Email: _____

Date	Location/Organization	Discipline (Western/ English/etc.)	# of riders in group	Supervising PATH Intl. Certified Riding Professional's Name and PATH Intl. # (required)	Hours
TOTAL HOURS (minimum of 25 overall)					

I, _____, verify that _____
(PATH Intl. Certified Riding Professional's Printed Name) (Candidate's Printed Name)

has practiced emergency response procedures, **including demonstration of an emergency dismount.**

I have confirmed that the PATH Intl. **membership AND certification** of each PATH Intl. Certified Riding Professional signing off on my hours are **current** and acknowledge this form is not valid without the certified riding professional's member ID(s).

I hereby affirm that the information recorded above is accurate and factual.

Instructor Candidate's Signature: _____ Date: _____

Certified Riding Professional's Signature(s): _____ Date: _____

Certified Riding Professional's Signature(s): _____ Date: _____

PATH Intl. Registered Instructor Certification Candidate Personal Reference

NOTE: Reference cannot be related to the candidate nor be the same individual as the professional reference.

Instructor candidate's name: _____
Name of reference: _____ Date of birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Day: _____ Evening: _____

In what capacity do you (the reference) know the candidate?

How many hours of lesson instruction has the applicant completed? Evaluate the candidate's knowledge of horses and horsemanship:

Evaluate the candidate's understanding of individuals with disabilities and riding. (Please attach extra sheets if necessary):

Signature of reference: _____ Date: _____

PATH Intl. Registered Instructor Certification Candidate Professional Reference

NOTE: Reference cannot be related to the candidate nor be the same individual as the personal reference.

Instructor candidate's name: _____
Name of reference: _____ Date of birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Day: _____ Evening: _____

In what capacity do you (the reference) know the candidate?

How many hours of lesson instruction has the applicant completed? Evaluate the candidate's knowledge of horses and horsemanship:

Evaluate the candidate's understanding of individuals with disabilities and riding. (Please attach extra sheets if necessary):

Signature of reference: _____ Date: _____

PATH Intl. Registered Instructor Certification

Candidate Essay Questions

In your own words, answer the following questions. You may use this page or answer on a separate sheet of paper. Typed answers are suggested, as they are the easiest to read.

Instructor certification candidate's name: _____

1. Indicate which style of riding you teach:

Balance Seat

Forward Seat

Dressage

Western

Other: _____

Explain why you teach the style of riding indicated and what the benefits are for your riders.

2. Discuss your philosophy of teaching.

3. Describe your strengths as a therapeutic riding instructor.

4. Describe your opportunities for improvement as a therapeutic riding instructor.

PATH Intl. Mandatory Standards

- Close the gate/s once riders are all mounted in the arena.
- Correct use of safety stirrups with appropriate footwear.
- Properly fitted ASTM-SEI approved helmets on every rider.
- Do not attach a rider to an equine/saddle in a manner that would not allow him/her to fall free from the equine.

To Summarize:

Meeting the PATH Intl. Registered Therapeutic Riding Instructor Criteria

Riding

Demonstrate:

- Correct posture & alignment
- Consistent control of the equine
- Secure seat
- Balance
- Straightness
- Bending
- Appropriate warm-up of the equine
- Posting on the correct diagonal
- Correct canter leads
- Smooth transitions
- Independent aids

Automatic “Does not meet criteria”

- Not closing the gate/s once riders are all mounted in the arena.
- Lack of safety stirrups with inappropriate footwear OR incorrect use of safety stirrups with inappropriate footwear.
- Lack of properly fitted ASTM-SEI approved helmets on any rider.
- Attaching a rider to a horse/saddle in a manner that would not allow him/her to fall free from the horse.
- No riding skill taught.

Teaching

- Teach a safe and effective lesson, respectful of both the disabilities and abilities of the riders.
- Teach to the group.
- Teach a riding skill vs. activity.
- Demonstrate knowledge (communicate HOWs and WHYs, effective posture & positional corrections as needed, specific/accurate praise, follow PATH Intl. standards, etc.).
- Show awareness and follow-through to achieve improvement.
- Promote independence safely.

PATH Intl. Registered Therapeutic Riding Instructor Certification Program

2020 Video Submission Checklist

I have uploaded my video to YouTube or Vimeo and emailed the direct link to PATH Intl. and verify that:

- The video is clearly audible.
- The video is clearly visible and is one continuous recording (NOT edited).
- An introduction of me, the candidate, by first and last name and the riders by first name is included.
- My face is clearly visible during the introduction.**
- A photo copy of my driver's license or other government issued photo ID is included.
- Copies of my current Adult & Child CPR and First Aid certifications are included.
- The mount/dismount is shown for both:
 - Riding Teaching
- The warm-up shown for both:
 - Riding Teaching
- All mounted riders are wearing helmets complying with PATH Intl. Standard *A32:
Type of helmets: _____
- All mounted riders are using stirrups and/or footwear complying with PATH Intl. Standard *MA3:
Type of stirrups: _____
- The riding arena meets the requirements listed in the current *PATH Intl. Standards Manual*.
- All gates are securely closed during the lesson.
- I have kept a copy of my video.

I understand:

- I have until June 30, 2021 to complete video resubmission(s). _____
(initials)
- If my video demonstration is found to meet criteria, I must complete transition to the PATH Intl. Certified Therapeutic Riding Instructor credential no later than June 30, 2021. _____
(initials)
- If my video demonstration is found NOT to meet criteria and I cannot complete resubmission by June 30, 2021, I must apply to the PATH Intl. Certified Therapeutic Riding Instructor certification program to earn certification. _____
(initials)

Signature: _____ Date: _____

PATH Intl. Registered Therapeutic Riding Instructor Certification Program

Video Requirements

Please follow the instructions below only for the component that you are submitting by video.

Technical Specifications

- Videos must be submitted via **YouTube** or **Vimeo** and the direct link emailed to PATH Intl. at bmaceyak@pathintl.org.
- **PATH Intl. does not accept hard copy DVD's.**

Candidate's Riding Demonstration

Demonstrate your riding ability. Follow requirements below:

- One continuous recording. PATH Intl. will not accept videos that have been edited to cut content or are multiple demonstrations spliced together.
- ALL riders must wear an ASTM/SEI approved helmet.
- ALL riders must demonstrate ALL components of the riding pattern – walk, jog/trot posting on the correct diagonal, canter/lope, halt, back, and dismount – regardless of discipline or style of riding. See complete riding criteria in the instructor criteria booklet.
- This riding pattern demonstration should be about five minutes, but must include a warm-up and the riding pattern. After an introduction **with your face clearly visible** and a brief warm-up, execute the enclosed pattern to demonstrate your riding skills using an area in the arena that meets PATH Intl. standards and is easily visible. Including warm-up, the video should not exceed 10 minutes.
- **It is important to note that the evaluator can only grade on what they can see demonstrated in the video.** Visual and audio quality may affect the evaluator's ability to accurately grade the video.
- All gates must be closed.
- The riding area must be cleared of obstacles.

Instruction of Riders with Disabilities

Demonstrate your ability to instruct a group of riders with disabilities. Follow requirements below:

- Be one continuous recording for 20-25 minutes. PATH Intl. will not accept videos that have been edited to cut content or are multiple demonstrations spliced together.
- ALL riders must wear an ASTM/SEI approved helmet
- Contain at least 2, and not more than 4, riders with disabilities
- Clearly indicate the name of the horses and riders on the video
- Include riders that reflect the types of special needs that you teach
- Show mounting and dismounting of **only one** student, representative of the class
- Teach riding skill(s) appropriate for the ability of the riders
- Suggested components of a lesson include: introduction, one mount, warm-up/exercise, riding skill instruction, age appropriate game/activity, and one dismount
- Please be sure to clearly teach all **whats, hows and whys** necessary for your riding skill
- **It is important to note that the evaluator can only grade on what they can see demonstrated in the video.** Visual and audio quality may affect the evaluator's ability to accurately grade the video.
- Subtitles are acceptable, dubbed over audio is not acceptable.
- All gates must be closed
- The riding area must be cleared of obstacles
- Use of wireless microphones is strongly encouraged

NOTE: Refer to complete listing of the criteria to be evaluated in the Registered Instructor Criteria booklet.

PATH Intl. Registered Therapeutic Riding Instructor Certification Program
Class Rider List

Instructor's Name _____ PATH Intl. Member # _____

Therapist's Name (if applicable) _____

Involvement with these riders (if applicable) _____

Please complete the following for each rider:

Rider 1 First Name _____ Disability _____
Age _____ Horse _____ Began Riding _____
Sp. Equip. _____ Tack _____
Type of Helmet _____ Type of Stirrups _____
Individual Long-Term Goals _____

Rider 2 First Name _____ Disability _____
Age _____ Horse _____ Began Riding _____
Sp. Equip. _____ Tack _____
Type of Helmet _____ Type of Stirrups _____
Individual Long-Term Goals _____

Rider 3 First Name _____ Disability _____
Age _____ Horse _____ Began Riding _____
Sp. Equip. _____ Tack _____
Type of Helmet _____ Type of Stirrups _____
Individual Long-Term Goals _____

Rider 4 First Name _____ Disability _____
Age _____ Horse _____ Began Riding _____
Sp. Equip. _____ Tack _____
Type of Helmet _____ Type of Stirrups _____
Individual Long-Term Goals _____

PATH Intl. Registered Therapeutic Riding Instructor Certification Program
Lesson Plan

Instructor's Name: _____ PATH Intl. Member #: _____

Objective of Lesson:

(Objectives should include a riding skill and must be written in terms that describe observable behavior that can be measured.)

Instructor Preparation and Equipment Needed:

Lesson Content/Procedure:

(Include sequence of lesson. How will you conduct the lesson? What will be included?)

Summary and Evaluation:

(How do you feel the lesson went? Strong points? Weak points? Did you meet the objectives? Suggestions for future.)



PATH INTL. PHOTO RELEASE FORM

For PATH Intl. Records:

I hereby consent to and authorize the use and reproduction by the Professional Association of Therapeutic Horsemanship International (PATH Intl.) of any and all photographs taken of me/my son/my daughter/my ward for promotional printed materials, educational activities, the PATH Intl. website, exhibitions or for any other use for the benefit of PATH Intl. and equine-assisted activities.

Candidate's Signature _____ Date _____

Name (printed) _____

Name of person(s) in photo _____

Address _____

City _____ State _____ Zip _____

Phone/email _____