

PART I : EVIDENCE OF EQUINE HANDLING SKILLS
Complete Option A if you have thirty (30) hours of acceptable equine handling experience. Acceptable experience includes paid or volunteer time engaged in equine management and handling under the supervision of a PATH Intl. Certified Professional.
OR
Complete Option B if you have proof of participation in a recognized equestrian organization within the last 10 years.
30 hours (paid or volunteer time) engaged in equine handling supervised by a PATH Intl. Certified Professional.
APPLICANT INFORMATION
Full Name:
PATH INTL. CERTIFIED PROFESSIONAL SUPERVISING APPLICANT (Cannot be a familial relation or directly employ applicant nor stand to gain direct financial benefit from certification of the applicant.) Full Name:
Certification(s) held:
PATH Intl. Member ID: Email:
Center Affiliation: Title/Position: Relationship to Applicant:
ATTESTATION OF APPLICANT'S EQUINE HANDLING SKILLS
I,attest that
Reference's full name has demonstrated basic equine handling skills as evidenced by participation in the following activities supervised by me:
Activity:Year:
Activity:Year:
Activity:Year:
Activity:Year:
Attach additional pages if needed to document all activity. Total number of activity hours (minimum 30):
May PATH Intl. contact you for further verification of the activities listed above? \Box YES \Box NO
I hereby verify that the information provided on this form is accurate and factual. I understand that false or misleading information provided here may result in repeal of the applicant's certification, if earned, and/or disciplinary proceedings if my actions are deemed to be in breach of the PATH Intl. Certified Professional Code of Ethics.
Certified Professional's Signature: Date:





Participation in a recognized equestrian organization within the last 10 years. Complete only if you DID NOT complete Part I Option A.

APPLICANT INFORMATION

_____Date: _____

Full Name: _____

PATH Intl. Member ID (if applicable): _____

Email: _____

ATTESTATION OF APPLICANT'S EQUINE HANDLING SKILLS

Ι,	attest that,
Reference's full name	Applicant's full name
identification number Applicant's ID with your organize	, has demonstrated basic equine handling skills as evidenced by participation in ^{ation}
the following activities endorsed by our organiz	zation within the last 10 years:
Activity:	Year:

Attach additional pages if needed to document all activity.

Total number of activity hours: _____

REFERENCE INFORMATION

Full Name:		
Email:		
Organization that hosted the above activities:		Phone:
Title/Position:	_Relationship to Applicant:	

May PATH Intl. contact you for further verification of the activities listed above? YES
NO

I hereby verify that the information provided on this form is accurate and factual. I understand that false or misleading information provided here may result in repeal of the applicant's certification, if earned.

Signature:	 _ Date:
0	



PART	DOCUMENTATION OF EQUINE MANAGEMENT SKILLS
	te Option A if you have successfully demonstrated competence in equine management and handling verified by a PATH Int d Professional with a minimum of 120 cumulative career hours of experience in equine management.
	OR
	te Option B if you have documentation of an equine management and handling course of study or certification from an equination or an institution of higher learning that meets the requirements of the equine management and handling skills checklist.
A Equi	ne Management and Handling Skills Checklist
	APPLICANT INFORMATION
ull Name:	Date:
ATH Intl. Memb	per ID (if applicable):
mail:	
	PATH INTL. CERTIFIED PROFESSIONAL SUPERVISING APPLICANT
	amilial relation or directly employ applicant nor stand to gain direct financial benefit from certification of the applicant.)
	neld: ber ID: Email:
	n: Title/Position:
	<pre></pre>
	EQUINE MANAGEMENT AND HANDLING SKILLS CHECKLIST (Each item in the list below must be checked off as completed in order for this form to be accepted.)
	PATH INTL. STANDARDS
	nd implement PATH Intl. Standards and their interpretation for equine care, maintenance and ation in EAAT programing.
	nd implement PATH Intl. Standards and their interpretation regarding the safe use of equipment for ograming.
	BREEDS/COLORS/MARKINGS/PARTS OF THE EQUINE
Identify a	an equine by age, color, markings, breed characteristics, height and weight.
Identify	the basic anatomic parts of the equine.
	EQUINE SENSES AND BEHAVIOR
	e characteristics of the senses of the equine and how they contribute to equine behavior.
	the behavioral characteristics of a lesson-ready equine.
	we the senses of the equine and equine behavior affect the safety of the EAAT setting.
-	ze the signs and causes of negative equine behaviors (including/not limited to biting, kicking and g personal space).
	2



ý	EQUINE MANAGEMENT AND HANDLING SKILLS CHECKLIST (CONTINUED) (Each item in the list below must be checked off as completed in order for this form to be accepted.)		
	Identify appropriate types of rewards for positive equine behaviors (including/not limited to release of pressure, verbal praise or pats/rubs).		
	Identify equine behavior or body language that could signal a dangerous situation and know appropriate actions to take to protect the safety of people and equines.		
	STABLE MANAGEMENT		
	Know feed requirements of the equine including hay, salt and minerals, grain, feeding intervals, water.		
	Recognize signs of poor quality feed.		
	Identify appropriate protection for horses, including shelter, fly masks and bonnets, fly repellents.		
	Know horse manure handling methods to maintain sanitary conditions of stall and turn out areas.		
	Identify appropriate, safe equine bedding materials.		
	Identify potential stall hazards.		
	Know how to give an equine a bath.		
	Describe techniques used to warm up an equine prior to an EAAT session.		
	Describe techniques used to cool down an equine following a work session.		
	Identify correct fitting and adjustment of a saddle, harness or surcingle to maintain the health and well-being of the equine.		
Describe equipment cleaning, care and maintenance.			
	HEALTH AND SICKNESS		
Know and recognize the signs of behavior change, colic, good health, laminitis, respiratory infectio weight loss, heat stroke, stress, dental problems, equine metabolic syndrome.			
	Know and recognize when an equine is unsound.		
	Identify normal ranges and how to take TPR (temperature, pulse, respiration).		
	Describe deworming, vaccination, hoof and teeth care programs and intervals for each to maintain equine health.		
	Describe first aid treatment for wounds.		
	Describe items recommended to be included in an equine first aid kit.		
	UNSOUNDNESS AND BLEMISHES/FORM TO FUNCTION		
	Recognize the difference between a blemish and an unsoundness.		
	Recognize conformation traits that contribute to the overall movement of the equine.		
	Identify conformation traits that can lead to unsoundness.		
	Identify and describe the foot falls and beats of the walk, trot/jog, and canter/lope.		
	Recognize asymmetry in the equine gait pattern.		
	Describe how unsoundness may affect equine behavior.		



J	EQUINE MANAGEMENT AND HANDLING SKILLS CHECKLIST (CONTINUED) (Each item in the list below must be checked off as completed in order for this form to be accepted.)				
	SELECTION AND TRAINING Describe general considerations for a prospective equine for any therapeutic riding program.				
	Describe criteria to judge the suitability of the equine to perform an assigned task in therapeutic riding.				
	Describe a conditioning and maintenance program for therapeutic riding equines including riding, lungeing, ground schooling, desensitizing equines to equipment, mounting ramps and procedures, working with headers, leaders, sidewalkers and record keeping.				
	HORSEMANSHIP, HANDLING AND SAFETY				
	Know and demonstrate how to safely and respectfully approach and halter an equine using a web or leather halter.				
	Know and demonstrate tying with a quick release knot.				
Know and demonstrate safe movement around a tied equine.					
	Demonstrate the use of grooming tools, including curry comb, hard brush or dandy, soft brush or body brush hoof pick, mane or tail comb, shedding blade, sponge, sweat scraper.				
	Know and demonstrate safe turnout of an equine into a stall, pen or field.				
	Know and demonstrate safe leading techniques at the walk and trot/jog through turns, transitions and backing.				

I hereby verify that the information provided on this form is accurate and factual. I understand that false or misleading information provided here may result in repeal of the applicant's certification, if earned, and/or disciplinary proceedings if my actions are deemed to be in breach of the PATH Intl. Certified Professional Code of Ethics.

Certified Professional's Signature: _____ Date: _____

I hereby verify that the information provided on this form is accurate and factual. I understand that false or misleading information provided here may result in repeal of my certification, if earned.

Applicant Signature: _____ Date: _____





Completion of an equine management and handling certificate program, course or certification. Complete only if you DID NOT complete Part II Option A.

APPLICANT INFORMATION

Full Name: _

PATH Intl. Member ID (if applicable):

Email: _____

CERTIFICATE PROGRAM, COURSE OR CERTIFICATION COMPLETED

Program, Course or Certification Name: _____

Issuing Instructor, Organization or Institution:

Date Issued: _____

DOCUMENTATION SUBMITTED

\Box Syllabus or curriculum outline
□ Skills objectives

□ Certificate goals

□ Criteria

□ Course outcomes

_____Date: _____

□ Learning objectives

□ Other

PROOF OF COMPLETION

In addition to this form, proof(s) of completion of the certificate program(s), course(s) or certification(s) must be supplied. (Official and unofficial transcripts will be accepted.) The name provided on the proof(s) of completion must match the applicant's name on their application.* Please use a separate form for each certificate program, course or certification submitted.

I have reviewed the Equine Management and Handling Skills Checklist and affirm that the certificate program, course or certification named above covered all topics listed for:

1. Breeds/Colors/Markings/Parts of the Equine	
	initials
2. Equine Senses and Behavior	
initials	
3. Stable Management	
initials	
4. Health and Sickness	
initials	
5. Unsoundness and Blemishes/Form to Function_	
	initials
6. Selection and Training	
initials	
7. Horsemanship, Handling and Safety	_

I hereby verify that the information provided on this form is accurate and factual. I understand that false or misleading information provided here may result in repeal of my certification, if earned.

Applicant Signature: _____ Date: _____

* If applicant's name has changed, documentation verifying former name and/or name change must be submitted.

initials



PART III : VIDEO DEMONSTRATION OF RIDING INSTRUCTION AND COMMUNICATION OF RIDING SKILLS

APPLICANT INFORMATION

Full Name: _____ Date: _____

PATH Intl. Member ID (if applicable): _____

Email:

VIDEO ACCESS INFORMATION

File name of Video Uploaded: _____

Date of Upload:_____

	VIDEO SPECIFICATIONS
	The video is clearly visible and is one continuous recording (NOT edited), no longer than 20 minutes.
	An introduction of applicant and rider is included.
	The same rider must be instructed through both the warmup and riding pattern (including mount and dismount).
	Applicant's face is clearly visible during self-introduction and at several points during the demonstration
	Photocopy of applicant's driver's license or other photo ID has been uploaded with the video to the secure PATH Intl. Dropbox.
	Mount is shown.
The warmup is shown. Dismount is shown.	
	Rider is using stirrups and/or footwear complying with PATH Intl. Standards: Type of stirrups:
	The riding arena(s) meet(s) the requirements listed in the current PATH Intl. Standards for Certification and Accreditation manual.
	All gates are securely closed during the demonstration.
	All elements of the riding pattern on page 8 are demonstrated in sequence.
	Participant (or guardian) has signed BOTH the "Riding Participant Filming Release" and "Riding Participan Waiver and Release of Liability" forms.

I hereby verify that the information provided on this form is accurate and factual. I understand that false or misleading information provided here may result in repeal of my certification, if earned.

Applicant Signature: _____ Date: _____

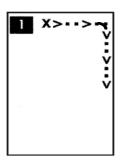


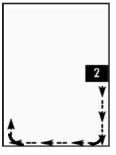
RIDING INSTRUCTION VIDEO: WARMUP AND RIDING PATTERN

WARMUP: Applicant should instruct a rider through a minimum of the walk, jog/trot and lope/canter in both directions. Additional components within the warmup are at the discretion of the applicant and designed to reflect ability to recognize the horse's needs in the warmup.

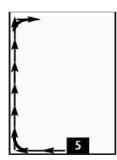
AND

RIDING PATTERN: Applicant must instruct a rider through the following pattern to demonstrate their skill in instructing: task analysis of prompts/cues, correct rider position, consistent straightness of the equine on straightaways, bending of the equine through corners, effective use of aids, correct leads and appropriate rein contact at all gaits. Memorization of the pattern is not necessary; the applicant may refer to a printed version of this pattern. *Pursuant with PATH Intl. standards, all riders must wear an appropriately fitted ASTM/SEI approved (or international equivalent) helmet.* All riders, no matter the discipline, must post on the correct diagonal.





1. Halt. Proceed at the walk.



5. Canter/lope right rein

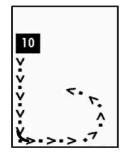


9. Sitting trot/jog

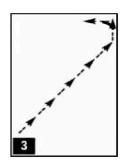


2. Posting trot

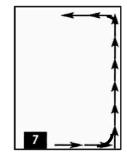
6. Posting trot: large half circle to the right then to the left



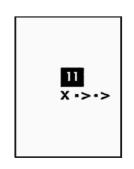
10. Walk forward into the center of the arena



3. Change rein across the diagonal at the posting trot



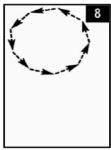
7. Canter/lope left rein



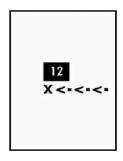
11. Halt and back 3-4 steps in center of arena



4. Change rein across the diagonal at a sitting trot/jog



8. Sitting trot/jog in a large circle



12. Walk forward, halt and dismount in center of arena



RIDING PARTICIPANT FILMING RELEASE

I hereby consent to and authorize the undersigned individual ("Applicant") to video record me participating in horseback riding activities as part of their application for Professional Association of Therapeutic Horsemanship International (PATH Intl.) Certified Therapeutic Riding Instructor certification.

Furthermore, I consent to PATH Intl. distributing any video images of me to individuals authorized to review certified therapeutic riding instructor applications.

BY CHECKING THE BOX BELOW, I ACKNOWLEDGE AND AGREE THAT I HAVE READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

🗭 I Agree 🗆

Print Applicant's Name: ______Print Participant's Name: ______

Please check one (optional): $I \square DO$ or $\square DO NOT$ authorize PATH Intl. to use my video for training and quality assurance of PATH Intl. Certified Therapeutic Riding Instructor application reviewers.

Participant's Signature: _____ Guardian's Signature (*if Participant is less than 18 years old*): _____ Date: _____

RIDING PARTICIPANT WAIVER AND RELEASE OF LIABILITY AGREEMENT

In consideration of participation in horseback riding activities as part of an applicant's application for PATH Intl. Certified Therapeutic Riding Instructor certification, I hereby understand and agree to this release of liability, waiver of legal rights, and assumption of risk and to the terms hereof as follows:

- 1. I acknowledge that horseback riding involves activities and that such activities are subject to mishap and even injury to participants. I expressly voluntarily assume all risk I may sustain while participating in horseback riding activities whether or not caused by the negligence of the released party.
- 2. I take full responsibility for, release and hold harmless PATH Intl., its directors, officers, employees, and agents ("Released Parties") from any and all liability, claims, or causes of action that I may hereafter have for injuries or damages arising out of my participation in horseback riding activities as part of an applicant's application for PATH Intl. Certified Therapeutic Riding Instructor certification. I further agree that I will not sue or make claim against the Released Parties for damages or other losses sustained as a result of my participation in horseback riding activities. I also agree to indemnify and hold the Released Parties harmless from all claims, judgments and costs including attorney's fees, incurred in connection with any action brought as a result of participation in horseback riding activities by any of the undersigned.

BY CHECKING THE BOX BELOW, I ACKNOWLEDGE AND AGREE THAT I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

🗭 l Agree 🗆

Date: ___

Print Applicant's Name:	_Print Participant's Name:		
Participant's Signature:			
Guardian's Signature (if Participant is less than 18 years old):			



Consistent of the provide documentation of twenty-five (25) hours of volunteer experience working with people with disabilities in a therapeutic riding lesson (leader, sidewalker or instructor's aide). Construct of the Option B if you can provide documentation of twenty-five (25) hours working in an environment interacting with inviduals with special needs (cognitive, behavioral and/or physical), outside of a therapeutic riding setting, to whom the applicant is not related. Construct of the Option B if you can provide documentation of twenty-five (25) hours working in an environment interacting with inviduals with special needs (cognitive, behavioral and/or physical), outside of a therapeutic riding setting, to whom the applicant is not related. Construct of the provide the option B is not provide documentation of twenty-five (25) hours working in an environment interacting with inviduals with special needs (cognitive, behavioral and/or physical), outside of a therapeutic riding setting, to whom the applicant is not related. Construct of the option B is not can provide documentation of twenty-five (25) hours working in an environment interacting with applicant is not related. Construct of the option B is not can provide documentation of twenty-five (25) hours working in an environment interacting with applicant is not related. Construct of the option B is not can provide documentation of twenty-five (25) hours working in an environment interacting with applicant is not related. Construct of the option B is not can provide documentation of twenty-five (25) hours working in an environment interacting with applicant is not related. Construct of the option B is not rel

Full Name: _____

_____Date: _____

PATH Intl. Member ID (if applicable): _____

Email: _____

DOCUMENTATION OF HOURS (please use a separate form for each supervisor or instructor)					
Date	Location/ Center	Name of Class Instructor	Applicant's Role (leader, sidewalker, aide, etc.)	# of Riders in Class	Total time H = hours M = minutes



Date	Location/ Center	Name of Class Instructor	Applicant's Role (leader, sidewalker, aide, etc.)	# of Riders in Class	Total time H = hours M = minutes

TOTAL # OF HOURS _____

I hereby verify that the information provided on this form is accurate and factual. I understand that false or misleading information provided here may result in repeal of the applicant's certification, if earned, and/or disciplinary proceed-ings if my actions are deemed to be in breach of the PATH Intl. Certified Professional Code of Ethics.

Supervisor or Instructor's Printed Name:		
Supervisor or Instructor's Signature:	Date:	
Certification(s) Held:		

□ I affirm that none of the hours documented were accrued working solely with individuals to whom I am related.

I hereby verify that the information provided on this form is accurate and factual. I understand that false or misleading information provided here may result in repeal of my certification, if earned.

Applicant Signatur

_____ Date:___





25 hours working in an environment interacting with individuals with special needs outside of a therapeutic riding setting. Complete only if you DID NOT complete Part IV Option A.

APPLICANT INFORMATION

_____Date: _____

Full Name: _____

PATH Intl. Member ID (if applicable): _____

Email: _____

	DOCUMENTATION OF HOURS (please use a separate form for each supervisor)						
Date	Activity/Setting (special education class- room, group home, etc.)	ation class-					



Date	Activity/Setting (special education class- room, group home, etc.)	Name of Supervisor	Applicant's Role (volunteer, teacher, classroom aide, etc.)	Total time H = hours M = minutes

TOTAL # OF HOURS _____

I hereby verify that the information provided on this form is accurate and factual. I understand that false or misleading information provided here may result in repeal of the applicant's certification, if earned.

Supervisor's Signature:	Date:
Certification(s)/Credential(s) Held:	

□ I affirm that none of the hours documented were accrued working solely with individuals to whom I am related.

I hereby verify that the information provided on this form is accurate and factual. I understand that false or misleading information provided here may result in repeal of my certification, if earned.

Applicant Signature: ______ Date: ______



PART V: EVIDENCE OF SUPERVISED INSTRUCTION **OF THERAPEUTIC RIDING LESSONS**

Documentation of twenty-five (25) total hours of experience teaching mounted therapeutic riding under the supervision of a PATH Intl. Certified Therapeutic Riding Instructor with at least 120 hours of experience teaching therapeutic riding lessons. The 25 hours must include:

- A minimum of thirteen (13) hours teaching therapeutic riding to groups of two or more riders and a maximum of twelve (12) hours teaching individual/private therapeutic riding lessons
- A minimum of three (3) hours teaching therapeutic riding to groups of two or more riders utilizing three volunteers per rider
- One lesson must include practice of emergency dismounts

Please submit a separate form for EACH PATH Intl. Certified Therapeutic Riding Instructor supervising your hours. Hours cannot be more than two years old on the date of application.

APPLICANT INFORMATION

Full Name:	Date:
PATH Intl. Member ID (if applicable):	
Email:	
PATH INTL. CERTIFIED THERAPEU	JTIC RIDING INSTRUCTOR SUPERVISING APPLICANT
(Cannot be a familial relation of directly employ appli	cant nor stand to gain direct financial benefit from certification of the applicant.)
Full Name:	
	Date of PATH Intl. CTRI Certification:
Contor Affiliation	

Center Affiliation:

Total # of hours instructing therapeutic riding lessons as a PATH Intl. CTRI:

If supervising instructor was formerly a PATH Intl. Registered Therapeutic Riding Instructor OR a PATH Intl. CTRI certification candidate:

I hereby attest that I completed a minimum of 120 hours teaching therapeutic riding lessons as a PATH Intl. CTRI BEFORE supervising the teaching hours documented below.

initials

DOCUMENTATION OF HOURS (Please use a separate form for each PATH Intl. Certified Riding Professional supervising.)								
Date Location/Center # of Riders in Class Volunteers per rider mounted time # of Safety of Tack Checks Disme Pract Pract						Emergency Dismounts Practiced (Y/N)		



Date	Location/Center	# of Riders in Class	3 Volunteers per rider (Y/N)	Total mounted time H = hours M = minutes	# of Safety or Tack Checks Performed	Emergency Dismounts Practiced (Y/N)



Date	Location/Center	# of Riders in Class	3 Volunteers per rider (Y/N)	Total mounted time H = hours M = minutes	# of Safety or Tack Checks Performed	Emergency Dismounts Practiced (Y/N)

TOTAL # OF HOURS _____

The PATH Intl. Certified Therapeutic Riding Instructor supervising cannot be related to nor directly employ the applicant or stand to gain direct financial benefit from certification of the applicant. The PATH Intl. CTRI must be both current and compliant with PATH Intl. during the hours they supervised applicants. Any hours documented during a time that the PATH Intl. CTRI was non-current and/or non-compliant WILL NOT be accepted. This includes temporary lapses in compliance. **NO EXCEPTIONS**.

I hereby verify that the information provided on this form is accurate and factual. I understand that false or misleading information provided here may result in repeal of the applicant's certification, if earned, and/or disciplinary proceedings if my actions are deemed to be in breach of the PATH Intl. Certified Professional Code of Ethics.

Supervising PATH Intl. CTRI's Signature: _____ Date: _____

I hereby verify that the information provided on this form is accurate and factual. I understand that false or misleading information provided here may result in repeal of my certification, if earned.

Applicant Signature: _____

_ Date:____