



PATH Intl. Certified Therapeutic Riding Instructor (CTRI) APPLICATION 2019

PART I : EVIDENCE OF EQUINE HANDLING SKILLS

A

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

B

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: _____ Date: _____

PATH Intl. Member ID (if applicable): _____

Email: _____

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 Applicant's 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? 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, 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: _____



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

APPLICANT INFORMATION

Full Name: _____ Date: _____

PATH Intl. Member ID (if applicable): _____

Email: _____

ATTESTATION OF APPLICANT'S EQUINE HANDLING SKILLS

I, _____, attest that _____,
Reference's full name Applicant's full name
identification number _____, has demonstrated basic equine handling skills as evidenced by participation in
Applicant's ID with your organization
the following activities endorsed by our organization within the last 10 years:

Activity: _____ Year: _____

Activity: _____ Year: _____

Activity: _____ Year: _____

Activity: _____ Year: _____

Activity: _____ Year: _____

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: _____

PART II : DOCUMENTATION OF EQUINE MANAGEMENT SKILLS

A

Complete **Option A** if you have successfully demonstrated competence in equine management and handling verified by a PATH Intl. Certified Professional with a minimum of 120 cumulative career hours of experience in equine management.

OR

B

Complete **Option B** if you have documentation of an equine management and handling course of study or certification from an equine organization or an institution of higher learning that meets the requirements of the equine management and handling skills checklist.



Equine Management and Handling Skills Checklist

APPLICANT INFORMATION

Full Name: _____ Date: _____

PATH Intl. Member ID (if applicable): _____

Email: _____

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: _____



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

	Know and implement PATH Intl. Standards and their interpretation for equine care, maintenance and participation in EAAT programming.
	Know and implement PATH Intl. Standards and their interpretation regarding the safe use of equipment for EAAT programming.

BREEDS/COLORS/MARKINGS/PARTS OF THE EQUINE

	Identify an equine by age, color, markings, breed characteristics, height and weight.
	Identify the basic anatomic parts of the equine.

EQUINE SENSES AND BEHAVIOR

	Know the characteristics of the senses of the equine and how they contribute to equine behavior.
	Identify the behavioral characteristics of a lesson-ready equine.
	Know how the senses of the equine and equine behavior affect the safety of the EAAT setting.
	Recognize the signs and causes of negative equine behaviors (including/not limited to biting, kicking and crowding personal space).



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 infection, thrush, 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.



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: _____



PATH Intl. Certified Therapeutic Riding Instructor (CTRI) APPLICATION 2019



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: _____ Date: _____

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

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Syllabus or curriculum outline | <input type="checkbox"/> Criteria | <input type="checkbox"/> Course outcomes | <input type="checkbox"/> Learning objectives |
| <input type="checkbox"/> Skills objectives | <input type="checkbox"/> Certificate goals | <input type="checkbox"/> 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 _____
initials

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.

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 wearing helmet complying with PATH Intl. Standards: Brand, model and certification of helmet:
	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 <i>PATH Intl. Standards for Certification and Accreditation</i> 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 Participant 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: _____



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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 DO or 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.

➡ I Agree

Print Applicant's Name: _____ Print Participant's Name: _____

Participant's Signature: _____

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

Date: _____

PART IV : EVIDENCE OF WORKING WITH INDIVIDUALS WITH DISABILITIES

A

Complete **Option A** if you can 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).

OR

B

Complete **Option B** if you can provide documentation of twenty-five (25) hours working in an environment interacting with individuals with special needs (cognitive, behavioral and/or physical), outside of a therapeutic riding setting, to whom the applicant is not related.

A

25 hours of volunteer time working with people with disabilities IN A THERAPEUTIC RIDING LESSON (leader, sidewalker or instructor's aide).

APPLICANT INFORMATION

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



PATH Intl. Certified Therapeutic Riding Instructor (CTRI) APPLICATION 2019

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 proceedings 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 Signature: _____ Date: _____



PATH Intl. Certified Therapeutic Riding Instructor (CTRI) APPLICATION 2019

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 THERAPEUTIC RIDING INSTRUCTOR 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: _____

PATH Intl. Member ID (if applicable): _____ Date of PATH Intl. CTRI Certification: _____

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



PATH Intl. Certified Therapeutic Riding Instructor (CTRI) APPLICATION 2019

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: _____