

PATH Intl. Mentor BIO

| Name: | |
|---|---------------|
| Address: | |
| Address: Email: | |
| Current PATH Intl. center affiliation: | |
| ☐ Is this center a Premier Accredited Center? ☐YES ☐NO | |
| □ Not affiliated with a program | |
| Populations served at current center: (Check all that apply) | |
| ☐ Children | |
| ☐ Adults | |
| ☐ Veterans | |
| ☐ Group lessons | |
| ☐ Private lessons | |
| 3. Number of years actively teaching as a PATH Intl. Certified Profession | al: _ |
| 4. Types and levels of PATH Intl. certification: (Check all that apply) | |
| ☐ Therapeutic Riding: | |
| ☐ Registered | |
| ☐ Advanced | |
| ☐ Master | |
| ☐ Driving: ☐ Level I | |
| □ Level II | |
| □ Level III | |
| ☐ Interactive Vaulting | |
| | |
| 5. Willing to mentor a non-center affiliated mentee (i.e., comes to your ce | nter only for |
| mentoring and then once certified teaches elsewhere) | |
| 6. Level of certification for mentee that mentor is comfortable mentoring: | |
| ☐ Therapeutic Riding: | |
| ☐ Registered | |
| ☐ Advanced | |
| ☐ Master | |
| ☐ Driving: | |
| □ Level I | |
| □ Level II | |
| □ Level III | |
| 7. Number of years mentoring: | |
| ☐ < 1 year | |
| ☐ 1 – 3 years | |
| > 3 years8. Number of mentee's successfully mentored (ie., have passed certificat | ion): |
| 6. Number of mentee's successfully mentored (ie., have passed certificat | 1011). |
| □ 6 – 10 Mentees | |
| □ 11 or more Mentees | |
| | |

| 9. Mento | oring Options the Mentor is willing to provide: (Check all that apply): |
|-----------|---|
| | One on one |
| | Group (>1 mentee to 1 mentor) |
| | Mentee comes to Mentor |
| | Mentor goes to Mentee |
| | Distance Mentoring (video, phone) |
| | Mentor will provide riding lessons |
| 10. Mento | oring Availability: |
| | Year-round Year-round |
| | Seasonal |
| **Referer | nces available Upon Request** |