

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 Adults	
□ Veterans	
☐ Group lessons	
Private lessons	
3. Number of years actively teaching as a PATH Intl. Certified Professio	nal: _
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 c	enter only for
mentoring and then once certified teaches elsewhere)	
Level of certification for mentee that mentor is comfortable mentoring	j:
☐ 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 certification)	ation):
6. Number of mentee's successfully mentored (ie., have passed certification of the pa	mon).
□ 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