

PATH Intl. Mentor BIO

Name:
Address:
Address: Email:
1. Current PATH Intl. center affiliation:
Is this center a Premier Accredited Center?
Not affiliated with a program
2. 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 Professional:
Types and levels of PATH Intl. certification: (Check all that apply)
Therapeutic Riding:
□ Registered
□ Advanced
□ □ Master
□ Interactive Vaulting
5. Willing to mentor a non-center affiliated mentee (i.e., comes to your center only for
mentoring and then once certified teaches elsewhere)
6. Level of certification for mentee that mentor is comfortable mentoring:
Therapeutic Riding: Registered
Registered Advanced
\Box Driving:
7. Number of years mentoring:
\square < 1 year
\square 1 – 3 years
$\square > 3$ years
8. Number of mentee's successfully mentored (ie., have passed certification):
\square 1 – 5 Mentees
\square 6 – 10 Mentees
\square 11 or more Mentees

9. Mento	ring 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	ring Availability:
	Year-round
	Seasonal
Referer	nces available Upon Request