

## PATH Intl. Mentor BIO

Name:
Address:
Address: Email:
1. Current PATH Intl. center affiliation:
□ Is this center a Premier Accredited Center? □YES □NO
Not affiliated with a program
<ol><li>Populations served at current center: (Check all that apply)</li></ol>
□ Adults
□ Group lessons
Private lessons
3. Number of years actively teaching as a PATH Intl. Certified Professional:
4. Types and levels of PATH Intl. certification: (Check all that apply)
□ Therapeutic Riding:
Driving:
□ 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
□ Master
7. Number of years mentoring:
$\square$ < 1 year
$\Box  1 - 3 \text{ years}$
> 3 years 9. Number of mentools successfully mentored (is, have passed partification);
<ol> <li>Number of mentee's successfully mentored (ie., have passed certification):</li> <li>1 – 5 Mentees</li> </ol>
$\Box = 6 - 10 \text{ Mentees}$
$\square  11 \text{ or more Mentees}$

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	ices available Upon Request**