

PATH Intl. Mentor BIO

	Name:	
	Address	S:
	Phone:	Email:
	1. Curr	ent PATH Intl. center affiliation:
		Is this center a Premier Accredited Center? □YES □NO
	<u> </u>	Not affiliated with a program
	2. Pop	ulations served at current center: (Check all that apply)
		Children
		Adults
		Veterans
		Group lessons
		Private lessons
		bber of years actively teaching as a PATH Intl. Certified Professional:
	4. Type	es and levels of PATH Intl. certification: (Check all that apply)
		☐ Therapeutic Riding:
		Registered
		☐ Advanced
		☐ Master
		☐ Driving: ☐ Level I
		□ Level II
		☐ Interactive Vaulting
		□ ESMHL
	5. Willi	ng to mentor a non-center affiliated mentee (i.e., comes to your center only for
		toring and then once certified teaches elsewhere) □YES □NO
		el of certification for mentee that mentor is comfortable mentoring:
		☐ Therapeutic Riding:
		Registered
		☐ Advanced
☐ Master		
☐ Driving:		
		☐ Level I
		☐ Level II
		Level III
	7. Nun	ber of years mentoring:
		< 1 year
		1 – 3 years
	0 No.	> 3 years
		hber of mentee's successfully mentored (ie., have passed certification):
		1 – 5 Mentees
		6 – 10 Mentees
		11 or more Mentees

9. Mentoring 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. Mentoring Availability:		
	Year-round Year-round	
	Seasonal	
References available Upon Request		