

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	
2. Populations served at current center: (Check all that apply)	
□ Adults	
□ Veterans	
□ 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:	
□ Registered	
□ Advanced	
□ Master	
Driving:	
□ Interactive Vaulting	
5. Willing to mentor a non-center affiliated mentee (i.e., comes to your center	-
mentoring and then once certified teaches elsewhere)	U
6. Level of certification for mentee that mentor is comfortable mentoring:	
□ Registered □ Advanced	
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	/-
\Box 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	ices available Upon Request