

## **PATH Intl. Mentor BIO**

Name	9:
Addre	ess:
	e: Email:
1. C	urrent PATH Intl. center affiliation:
	✓ Is this center a Premier Accredited Center? □YES □NO
	□ Not affiliated with a program
2. P	opulations served at current center: (Check all that apply)
	□ Children
	□ Adults
	□ Veterans
	☐ Group lessons
	□ Private lessons
	umber of years actively teaching as a PATH Intl. Certified Professional:
4. I	pes and levels of PATH Intl. certification: (Check all that apply)
	☐ Therapeutic Riding:
	☐ Registered
	☐ Advanced
	☐ Master
	☐ Driving: ☐ Level I
	□ Level II
	☐ Interactive Vaulting
5. W	illing to mentor a non-center affiliated mentee (i.e., comes to your center only for
	entoring and then once certified teaches elsewhere) □YES □NO
	evel of certification for mentee that mentor is comfortable mentoring:
	☐ Therapeutic Riding:
	☐ Registered
	☐ Advanced
	☐ Master
	☐ Driving:
	☐ Level I
	☐ Level II
	☐ Level III
7. N	umber of years mentoring:
	□ < 1 year
	□ 1 – 3 years
	□ > 3 years
	umber 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		
	Seasonal		
**References available Upon Request**			