

## **PATH Intl. Mentor BIO**

Name:
Address:
Address: Phone: Email:
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>
☐ Children
☐ Adults
□ Veterans
☐ Group lessons
□ Private lessons
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: ☐ Level I
□ Level II
☐ 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) □YES □NO
6. Level of certification for mentee that mentor is comfortable mentoring:
☐ Therapeutic Riding:
Registered
☐ Advanced
☐ Master
☐ Driving:
□ Level I
☐ Level II
□ Level III
7. Number of years mentoring:
□ < 1 year
□ 1 – 3 years
□ > 3 years
8. Number 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**	