



PATH Intl. Mentor BIO

Name: _____ Address: _____ Phone: _____ 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) ☐ Children ☐ 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: ☐ Level I ☐ Level II ☐ Level III ☐ Interactive Vaulting ☐ ESMHL
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
- ☐ Seasonal

****References available Upon Request****