

PATH Intl. Mentor BIO

| Name: |
|--|
| Address: |
| 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: |
| Types and levels of PATH Intl. certification: (Check all that apply) |
| Therapeutic Riding: |
| □ Registered |
| □ Advanced |
| □ Master |
| Driving: |
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| |
| □ Interactive Vaulting |
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| 5. Willing to mentor a non-center affiliated mentee (i.e., comes to your center only for |
| mentoring and then once certified teaches elsewhere) |
| 6. Level of certification for mentee that mentor is comfortable mentoring: |
| Therapeutic Riding: |
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| |
| |
| Driving: |
| Level I |
| |
| |
| 7. Number of years mentoring: □ < 1 year |
| \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 |
| \square 6 – 10 Mentees |
| \square 11 or more Mentees |
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| 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 | nces available Upon Request** |