

## **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:
<ol><li>Types and levels of PATH Intl. certification: (Check all that apply)</li></ol>
Therapeutic Riding:
□ Registered
□ Advanced
□ Master
Driving:
□ 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)
6. Level of certification for mentee that mentor is comfortable mentoring:
Therapeutic Riding:
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

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**