

PATH Intl. Mentor BIO

Name:	
Address:	
Phone: Email:	
Current PATH Intl. center affiliation:	
☐ Is this center a Premier Accredited Center? ☐YES ☐NO	
■ Not affiliated with a program	
Populations served at current center: (Check all that apply)	
· • Children	
☐ Adults	
□ Veterans	
☐ Group lessons	
☐ Private lessons	_
Number of years actively teaching as a PATH Intl. Certified Profession	nal: _
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 c	enter only for
mentoring and then once certified teaches elsewhere)	
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)	ition):
☐ 1 – 5 Mentees	
6 − 10 Mentees	
☐ 11 or more Mentees	

9. Mentori	ng Options the Mentor is willing to provide: (Check all that apply):
	One on one
	Group (>1 mentee to 1 mentor)
	Mentee comes to Mentor
Off	Mentor goes to Mentee
	Distance Mentoring (video, phone)
	Mentor will provide riding lessons
10. Mentori	ng Availability:
	Year-round
	Seasonal
Referenc	es available Upon Request