

PATH Intl. Mentor BIO

Name:	
Address:	
Address: 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 Adults	
☐ Veterans	
☐ Group lessons	
☐ Private lessons	
3. Number of years actively teaching as a PATH Intl. Certified Profession	onal: _
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	
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 mentorin	
☐ Therapeutic Riding:	
□ Registered	
☐ Advanced	
☐ Master	
☐ Driving:	
□ Level I	
□ Level II	
☐ Level III	
7. Number of years mentoring:	
☐ < 1 year	
□ 1 – 3 years □ > 3 years	
> 3 years8. Number of mentee's successfully mentored (ie., have passed certific	ation):
o. Number of memee's successfully memored (ie., have passed certific □ 1 – 5 Mentees	alion).
\Box 6 – 10 Mentees	
□ 11 or more Mentees	

9. Men	toring 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. Men	toring Availability:
	Year-round
	Seasonal
Refer	ences available Upon Request