



### PATH Intl. Mentor BIO

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: _____<br>Address: _____<br>Phone: _____ Email: _____                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1. Current PATH Intl. center affiliation: _____<br><input type="checkbox"/> Is this center a Premier Accredited Center? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> Not affiliated with a program                                                                                                                                                                                                                                    |
| 2. Populations served at current center: (Check all that apply)<br><input type="checkbox"/> Children<br><input type="checkbox"/> Adults<br><input type="checkbox"/> Veterans<br><input type="checkbox"/> Group lessons<br><input type="checkbox"/> 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)<br><input type="checkbox"/> Therapeutic Riding:<br><input type="checkbox"/> Registered<br><input type="checkbox"/> Advanced<br><input type="checkbox"/> Master<br><input type="checkbox"/> Driving:<br><input type="checkbox"/> Level I<br><input type="checkbox"/> Level II<br><input type="checkbox"/> Level III<br><input type="checkbox"/> Interactive Vaulting<br><input type="checkbox"/> 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) <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                        |
| 6. Level of certification for mentee that mentor is comfortable mentoring:<br><input type="checkbox"/> Therapeutic Riding:<br><input type="checkbox"/> Registered<br><input type="checkbox"/> Advanced<br><input type="checkbox"/> Master<br><input type="checkbox"/> Driving:<br><input type="checkbox"/> Level I<br><input type="checkbox"/> Level II<br><input type="checkbox"/> Level III                                                                                 |
| 7. Number of years mentoring:<br><input type="checkbox"/> < 1 year<br><input type="checkbox"/> 1 – 3 years<br><input type="checkbox"/> > 3 years                                                                                                                                                                                                                                                                                                                              |
| 8. Number of mentee's successfully mentored (ie., have passed certification):<br><input type="checkbox"/> 1 – 5 Mentees<br><input type="checkbox"/> 6 – 10 Mentees<br><input type="checkbox"/> 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\*\***