



HIGH HOPES
Therapeutic Riding, Inc.



**PATH Intl. Advanced Instructor
On-Site Certification
May 29-31, 2012**



**With Evaluators:
Kitty Stalsburg
PATH Intl. Master Instructor/Lead Evaluator
and
Patti Coyle
PATH Intl. Advanced Instructor/Evaluator**

PATH Intl. offers three levels of Instructor Certification for therapeutic riding: Registered, Advanced and Master. Each level has specific criteria included with the application materials. This certification is for the **Advanced** Level only.

In order to become a PATH Intl. Advanced Instructor, you must successfully complete the Advanced Certification packet (located on the PATH Intl. website) and return it to High Hopes Therapeutic Riding, Inc. with a copy of your PATH Intl. membership card, and current copies of your CPR and First Aid Certification.

Pre-Requisites for Advanced Certification:

- Candidate is at least 21 years of age
- Current PATH Intl. member
- Candidate is already a PATH Intl. Registered Instructor or Driving Instructor
- Current copy of CPR and First Aid Cards
- Documentation of Teaching Hours Form (120 hrs. minimum under supervision of certified PATH Intl. instructor)

Addition Paperwork is sent to candidates with a letter confirming registration. Forms will include:

- Resume & References (Personal and Center Reference)
- Release Forms: Emergency Medical Treatment Form, Liability Release Form and Photo Release

Advanced Written Exam

This is the exam candidates must take to complete their certification. The exam can be taken on-site at the certification or it can be taken prior to the on-site certification online with a proctor. Contact PATH Intl. for details.

Accommodations to Requirements:

An accommodation is an adjustment or an adaptation of a component or components of the Advanced Instructor Certification Process in order to meet the special needs of the candidate. Requests for an accommodation to any part of the process must be made in writing and submitted to the PATH Intl. office 60 days prior to your On-Site Certification date. All requests for accommodations will be reviewed by the PATH Intl. Riding Certification Subcommittee on an individual basis and applicants will be notified of the committee's decision. For more information please contact the PATH Intl. office. For example, if you are over the Host Site's weight limit and they cannot accommodate outside horses you will need to ask the PATH Intl. office for an accommodation.



APPLICATION FORM
PATH Intl. ADVANCED INSTRUCTOR CERTIFICATION PROGRAM

Hosted by HIGH HOPES THERAPEUTIC RIDING, Inc.

May 29-31, 2012

To register for this certification, please complete the information requested in this form, and send it together with the required fee, copy of your CPR and First Aid Certifications and documentation of teaching hours:

High Hopes Therapeutic Riding, Inc.
36 Town Woods Road
Old Lyme, CT 06371

Make checks payable to: High Hopes Therapeutic Riding, Inc.

Upon receipt of the forms and fee payment, High Hopes will send you all additional forms and releases. In addition to the required forms, the packet will contain information about housing accommodations as well as other logistics. All forms must be completed and submitted to High Hopes by May 11, 2012. For questions regarding the High Hopes Advanced Certification program contact Laura Brown at (860) 434-1974 ext. 18, or lbrown@highhopestr.org.

For a complete description of the Advanced Certification process and requirements contact PATH Intl. at www.pathintl.org or (800) 369-7433

Please register me for the following:

_____ **Advanced Certification: May 29-31, 2012 \$650.00**

Registration Deadline: April 6, 2012

Deadline for additional forms: May 11, 2012

Reimbursement policy: Cancellations prior to the registration deadline will receive a full refund minus a \$150 service fee. No reimbursements will be granted after the registration deadline.

*** High Hopes horses have a weight limit of 180 lbs. If you exceed this weight limit, you will need to contact PATH Intl. for accommodation requirements of the riding portion.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE (DAY) _____ PHONE (CELL) _____

EMAIL: _____ PATH Intl. membership # _____

***HEIGHT: _____ WEIGHT: _____ PREFERRED RIDING DISCIPLINE: ___ ENGLISH ___ WESTERN