

PATH Intl. On-site Workshop & Certification - REGISTERED Instructor Level -



HIGH HOPES

Horses and Humans Improving Lives™



Investing in your future



Opportunity, Education & Excellence
Choose High Hopes - an internationally recognized training facility.

High Hopes has 45 years of demonstrated success in the field of EAAT & non-profit management:

- Program, equine, and facility management.
- Business management, marketing fundraising, & board development.
- Volunteer management. We have over 650 volunteers serving our program, facility, equines & development.

Workshops, certifications and professional development in all aspects of Equine Assisted Activities & Therapies:

- PATH Intl. Premier Accredited Center since 1979.
- PATH Intl. Approved Instructor Training Course since 1996.
- PATH Intl. Master, Advanced and Specialty Certified mentors.
- Full service indoor and outdoor facility, extensive sensory trails and a dedicated air-conditioned classroom and kitchen facility.

Workshop Dates: November 12-14, 2018 or June 12-14, 2019

Certification Dates: November 14-15, 2018 or June 14-15, 2019

PATH Int'l CEUs 6 DE, 2CR, 12 CE

About:

This workshop and certification is designed to provide information for those exploring a career in Therapeutic Riding. For those who meet the prerequisites for PATH Intl. certification the workshop also provides an intensive preparation. Please check the PATH Intl. website for all qualifying steps if you are registering for certification.

Faculty

Liz Adams PATH Intl. Advanced Instructor/Lead Evaluator
Megan Ellis PATH Intl. Advanced Instructor/Lead Evaluator
Faculty - subject to change

Who should attend? Anyone interested in learning more about becoming a PATH Intl. Registered Instructor or who wishes to prepare for their Registered Instructor Certification.

Time: 8:30am – 5:00pm

Price:

- Instructor Workshop ONLY: \$525.00 inc. light lunch
- Instructor Workshop inc. light lunch AND One-Day Certification \$725.00
- Certification ONLY: \$425.00

Prerequisites:

- **FOR WORKSHOP PATH INTL. membership required**
- **FOR CERTIFICATION you must:**
 - be 18 or older
 - be a current PATH Intl. individual member
 - PATH Intl. Phase 1 completed within last 12 months
 - PATH Intl. Phase 2 evidence of 25 hours teaching mounted therapeutic riding lessons under the supervision/mentorship of a current PATH Intl Certified Instructor
 - have attended a PATH Intl. Approved On-site Workshop in the last 2 years.

Reg. Deadline: Oct. 5, 2018 for November
May 3 for June 2019 (max 20 for w/s, 12 for cert.)

To Register:

Please complete attached forms and send them together with the required fee AND a copy of your PATH Intl. Instructor-In-Training letter with the fee to: High Hopes Therapeutic Riding, Inc.
36 Town Woods Road, Old Lyme, CT 06371.
(860) 434-1974 x115
Attn: Sarah Carlson, scarlson@highhopestr.org

Course Materials: Will be provided at workshop

Terms:

Please check our website for terms & conditions and cancellation policy at <https://www.highhopestr.org>

High Hopes Training & Ed. & Events Calendar and CEU Planner 2018-2019

October 2018

Oct 5 Registration Deadline for November 12-15 PATH Intl. OSWC

Oct 11, Registration Deadline for November 16-19 ESMHL Workshop

October 13, 2018 (also offered in May 2019): The ABCs of Participant Behavior and Behavior Management Techniques in the TR and EAAT setting: PATH Intl. Approved CEUs = 7 DE

Have you achieved this year's PATH Intl. CEUs?

February 2019

Advanced Prep. Workshop: February 4-6, 2019. PATH Intl. Approved CEUs = 10 Riding CR; 5 DE; 6 CE

Sensory Integration & Autism Workshop: February 9, 2019. PATH Intl. Approved CEUs = 7 DE

Beyond ESMHL: February 16-18, 2019 PATH Intl. Approved CEUs = 2 ESMHL CR; 6 DE; 8 CE

May 2019

March 3, Registration Deadline for June 12-15 OSWC

The ABCs of Participant Behavior and Behavior Management Techniques in the TR and EAAT setting: May 11, 2019 PATH Intl. Approved CEUs = 7 DE



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November 2018

Nov. 26 Registration deadline for January Approved Instructor Training Course

November 12-15, 2018 (also offered in June 2019. PATH Intl. On-site workshop & certification: Approved CEUs = 6 DE; 2 CR; 12 CE.

November 16-19, 2018 (also offered in April 2019) PATH Intl. ESMHL workshop & skills test: PATH Intl. Approved CEUs = 2 ESMHL CR; 6 DE; 12 CE.

Please join us at the High Hopes Holiday Market November 11, 2018

March 2019

March 1, Registration Deadline for March 23, Volunteer Management

March 1, Registration Deadline for March 25, Therapy Horse Workshop

March 6, Registration Deadline for ESMHL April 12-15 Workshop & Cert.

Therapy Horse Workshop: March 25, 2019 PATH Intl. Approved CEUs = 7 CE

Volunteer Management: March 23-24, 2019. PATH Intl. CEUs Day one = 7 CE;

June 2019

Please join us at the High Hopes High Hopes June Benefit June 8, 2019

PATH Intl. On-site workshop & certification: June 12-15, 2019 PATH Intl. Approved CEUs = 6 DE; 2 CR; 12 CE.

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

Contact:

Sarah Carlson, 860.434.1974 x 115
or scarlson@highhopestr.org

or go online: highhopestr.org

January 2019

January has lots of deadlines!

Jan 2, Registration Deadline for February Advanced Prep. Workshop

Jan 23, Registration Deadline for February 9, Sensory & Autism Workshop

Jan 24, Registration Deadline for February 16-18 Beyond ESMHL Workshop

PATH Int'l Approved Instructor Training Course January 9, 2019 - April 2019.

High Hopes is one of only four locations in the United States offering the Approved Instructor Training Course.

Jan - Feb, 2019, High Hopes Winter Lecture Series. Check online for more info!

April 2019

April 10, Registration Deadline for June 12-15 OSWC

PATH Intl. ESMHL workshop & skills test: April 13-16, 2019 PATH Intl.

Approved CEUs = 2 ESMHL CR; 6 DE; 12 CE.

On Demand

What's this year's plan for achieving PATH Intl. CEUs?

Have you thought about On Demand training?

PATH Intl. Registered Instructor Certification

PATH Intl. Advanced Instructor Certification

Non-Profit Business, Development & Administrative Workshop PATH Intl.

Approved CEUs = 12 CE

PATH Intl. Mentor Training workshop

PATH Intl. Approved CEUs = 14 CE

PATH INTL. ONSITE WORKSHOP AND REGISTERED INSTRUCTOR CERTIFICATION
High Hopes Therapeutic Riding Inc. Registration Form

Name: _____ PATH Intl. Yes/No _____ Membership No. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (Day) _____ Phone (Cell) _____ Email: _____

Program Affiliation: _____ (e.g. *High Hopes TR, etc.*) Role or position: _____

How did you hear about this workshop? Facebook E-Blast List Serve PATH CC Strides Other Ad

Please register me for the following (NB: maximum of 20 participants for each workshop but only 12 for the skills test):

Workshop* ONLY \$525.00

_____ Nov. 12-14, 2018

_____ June 12-14, 2019

Workshop* & Certification^ \$725.00

_____ Nov. 12-15, 2018

_____ June 12-15, 2019

Certification ONLY^ \$425.00

_____ November 15, 2018

_____ June 15, 2019

The workshop is 3 full days, 8am to 5pm. This includes a light breakfast and lunch each day.

* Workshop includes light lunch on workshop days only.

^ You must provide proof of having attended a PATH Intl. Approved On-Site Workshop in the last two years

For certification please note that High Hopes Horses have a weight limit of 180lbs. We do require a submission of a riding video prior to confirmation from candidates at or over 165 lbs. Submission of the video is for the center to ensure we can accommodate all candidates during their mounted ride for certification. This video will be reviewed by our center representative and will **not be utilized for evaluation**. If you exceed this weight limit, you will need to contact PATH Intl. for accommodation requirements of the riding portion of certification.

Cancellation and Refund Policy: High Hopes reserves the right to cancel the workshop and/or the skills test/certification **up to 5 business days after the registration deadline on the front of this flyer** due to insufficient registrants or unforeseen circumstances. In that case all paid registration fees will be refunded in full. Participant 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**. I have read, understand and accept all High Hopes terms, conditions and cancellation/refund policies in this registration form and on the High Hopes website <http://www.highhopestr.org>

I consent I Do Not Consent

Date: _____ Consent Signature: _____

FOR CERTIFICATION Candidates ONLY please check and complete the following:

I am at least 18 years old I am a current PATH Intl. Member

HEIGHT _____ WEIGHT _____

Preferred riding discipline English Western

Date: _____

Signature: _____

Please mail to: High Hopes Therapeutic Riding, Inc. 36 Town Woods Road, Old Lyme, CT 06371. Attn: Sarah Carlson, or register online at <http://www.highhopestr.org>. Upon receipt of this completed form and payment, High Hopes will send you an official letter of welcome and any additional materials necessary.

For questions contact Sarah Carlson at (860) 434-1974 ext. 115, or scarlson@highhopestr.org.

HIGH HOPES THERAPEUTIC RIDING INC REGISTRATION & RELEASE
PLEASE COMPLETE ENTIRE FORM

Please Check One: Visitor: Brd/Cmt Member: Spec Event Volunteer: One Day Vol/Group: T&E course visitor:

Name: Home #: _____ Cell #: _____ DOB: _____
Address: _____ Town: _____ zip _____
Email: _____ In case of Emergency, contact: (Parent if minor) _____ Phone: _____

Please indicate any medical conditions or medications we should be aware of in the event of an emergency:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize High Hopes to: Secure and retain medical treatment and transportation, if needed and release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Date: _____ Consent Signature(s): _____
If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

CONSENT PLAN* (to be invoked in the event that your Emergency Contact cannot be reached) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency.

Date: _____ Consent Signature(s): _____
If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

***If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.**

PHOTO VIDEO & PUBLICITY RELEASE

High Hopes takes the privacy of our participants, their families, volunteers, visitors and staff seriously. At the same time we value the use of real images in the promotional and reporting activities which enable us to provide subsidized therapeutic activities. By engaging in activities at High Hopes Therapeutic Riding, Inc. I understand that I/my child/my ward may be photographed, filmed, or videotaped and I hereby give High Hopes Therapeutic Riding, Inc. the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use that likeness, video, image, photograph (collectively "image"), without compensation, for broadcast or exhibition in any medium and to put the finished images/recordings to any legitimate use without limitation or reservation. I hereby waive, release and forever discharge High Hopes Therapeutic Riding, Inc. from and against any and all claims or actions arising out of, or resulting from any use of your image. High Hopes Therapeutic Riding, Inc. shall not be obligated to use, and may elect not to use, any image.

I consent I Do Not Consent

Date: _____
Consent Signature: _____

Consent Signature: _____
If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

LIABILITY RELEASE: I acknowledge the risks and potential for risks of horse-back riding and related equine activities including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against High Hopes Therapeutic Riding Inc., its Board of Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a High Hopes volunteer from whatever cause, including but not limited to the negligence of these related parties. The undersigned acknowledges that he/she has read this Volunteer Application in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: _____

Consent Signature: _____
Consent Signature: _____
If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

CONFIDENTIALITY POLICY:

At High Hopes, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of High Hopes. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose confidential Information to anyone other than High Hopes staff. Volunteers must seek staff permission before taking any pictures or videos. I have read and understand High Hopes Confidentiality Policy and agree to abide by same.

Date: _____

Consent Signature: _____
Consent Signature: _____
If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.



HORSEMANSHIP & EDUCATIONAL EXPERIENCE FORM

Please type or print clearly in ink.

Please include a copy of your actual resume as well.

(this information will be shared with your Host Site Representative)

CONTACT

Name: _____ PATH Intl. Yes/No _____ Membership No. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (Day) _____ Phone (Cell) _____ Email: _____

Affiliated with the following operating center: _____ (e.g. High Hopes TR, etc.)

Role or position: _____

Are you a licensed therapist? PT OT Other Therapist _____

EDUCATION

High School _____ Year: _____ Diploma _____

College or vocational _____ Year: _____ Diploma _____

Other Studies/Certificates/License: _____

Work Experience related to disabilities (other than therapeutic riding): _____

EQUESTRIAN BACKGROUND

Number of years riding: _____ Owning a horse: _____ Number of years giving riding instruction: _____

Type(s) of instruction: _____

4-H level: _____

Describe your equine experience: _____

EXPERIENCE TEACHING RIDERS WITH DISABILITIES (check any and all that apply to your experience)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Impairments | <input type="checkbox"/> Autism | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Stroke/CVA |
| <input type="checkbox"/> Communication impairment | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Post-Polio |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Muscular Dystrophy | _____ |
| <input type="checkbox"/> Emotional impairment | <input type="checkbox"/> Brain Injury/Head Trauma | _____ |
| | | _____ |

ADDITIONAL INFORMATION

Professional organizations of which you are a member _____

Articles/Books/Lectures you have done: _____

