

PATH Intl. Advanced Instructor Certification ON DEMAND



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.



Certification Date: On Demand

About:

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.

Faculty

Kitty Stalsburg PATH Intl. Master Instructor/Lead Evaluator

Patti Coyle PATH Intl. Advanced Instructor/Evaluator

Faculty - subject to change

Time:

T.B.D.

Price:

\$250 to \$1000 (*please see application form for details*)

Prerequisites:

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)

Additional Paperwork will be requested with your confirmation letter:

- 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 however it is recommended to be taken prior to the on-site certification online with a proctor. Contact PATH Intl. for details.

Accommodations:

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 out side horses you will need to ask the PATH Intl. office for an accommodation.

Registration Deadline: Requested dates must be two months or more from the submission of this application to allow time for processing and scheduling.

To Register:

Please complete attached forms and send them together with the required fee and documents listed to: High Hopes Therapeutic Riding, Inc. 36 Town Woods Road, Old Lyme, CT 06371.
(860) 434-1974 x115 Attn: Sarah Carlson, scarlson@highhopestr.org

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

February 2, Registration Deadline for March 16, Managing Challenging Behaviors 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

May 3, Registration Deadline for June 12-15 OSWC



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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
Managing Challenging Behaviors to Increase Participant Success: March 16, 2019 PATH Intl. Approved CEUs = 7 DE
Volunteer Management: March 23-24, 2019. PATH Intl. CEUs Day one = 7 CE; Day two = 7 Riding CR

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. ADVANCED INSTRUCTOR CERTIFICATION ON DEMAND

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:

ADVANCED CERTIFICATION - \$1,000

_____ 1st Choice Date

_____ 2nd Choice Date

ADVANCED RE-CERTIFICATION (check those parts that apply)

_____ 1st Choice Date

_____ 2nd Choice Date

- \$400.00 Riding and Stable Management
- \$600.00 Teaching Cognitive and Physical
- \$350.00 Teaching Cognitive
- \$350.00 Teaching Physical
- \$250.00 Teaching Able Bodied
- \$250.00 Lunging

Dates must be at least 2 months from submission of this form to allow time for processing and scheduling; contact High Hopes for guidance on best time frames for on-demand events. Deadlines for remaining paperwork will be determined once dates have been confirmed. Dates selected for testing must be agreed upon by both parties based on High Hopes calendar and resources available.

If High Hopes needs to contract with outside evaluators, the candidate may be responsible for reimbursing of additional evaluator compensation. Payment should be made directly to High Hopes and not to the evaluators or PATH Intl. Please refer to the PATH On-Demand Certification Policy within the PATH Intl. Policies and Procedures document.

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.

Guidelines for re-certification candidates: Candidates looking to re-test for the Advanced Certification must complete the written exam and demonstrate proof of completion prior to their agreed upon certification date. Candidates seeking onsite testing with proctor must pay an additional fee of \$250. Candidates must present a copy of their "Resubmission Application Form" from PATH Intl. demonstrating requirements for re-testing. All additional Advanced Certification Application packet materials must be completed and provided to High Hopes three weeks prior to the agreed upon testing date.

Cancellation and Refund Policy: High Hopes reserves the right to cancel all or any part of the workshop and/ or certification due to unforeseen circumstances. In that case all paid registration fees will be refunded in full. Participant cancellations for on demand workshops and/ or certifications up to 14 days before the first workshop /certification day, will receive a full refund minus a \$150 service fee. No reimbursements will be granted after this. 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 21 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: _____ State/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 horseback 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.

DIVERSITY & ANTI-DISCRIMINATION:

At High Hopes, everyone is welcome. We do not discriminate on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability, sex, gender, gender identity and/or expression (including a transgender identity), sexual orientation, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state or local law. We would be grateful if, you would complete the following to help us ensure we live our intent:

- White
- Hispanic, Latino or Spanish
- Black or African American
- Asian
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- Other race or ethnicity

- Prefer not to answer