



Greetings!

Thank you for your interest in the PATH Intl. Approved Instructor Training Course offered at High Hopes Therapeutic Riding, Inc., in Old Lyme, CT. There are three levels of PATH Intl. Riding Instructor certification: Registered, Advanced, and Master. This brochure contains the materials needed to complete the requirements for the *Registered Certification* level which is designed to prepare individuals to plan and implement safe and effective therapeutic riding classes. The course consists of over 85 hours of lecture material and more than 100 hours of practicum work. Subjects include all areas of disabilities, plus anatomy, kinesiology, physiology, psychology, and the operation and management of a therapeutic riding facility. Candidates who successfully complete the course will have the option of taking an exam to become PATH Intl. Registered or Advanced Instructors.

High Hopes offers training for the Registered Instructor certification twice a year beginning in January and in August. The January course offers some flexibility during the lecture component with lectures typically occurring Thursday through Saturday/Sunday. The August course format requires that you to be at High Hopes all day Monday through Friday most weeks as well as on some weekends.

Enclosed you will find a general course brochure, and application materials for our **2019** PATH Int'l Approved Instructor Training Courses.

Our winter/spring course begins on **January 9, 2019** and ends in **April 2019**. *The application materials and application fee for the course starting January 2019 must be received by **November 26, 2018**.*

Full payment for the course tuition is due upon acceptance into the program. Decisions on acceptance are made within one week of the application deadline. If a candidate needs extra time (beyond the scheduled **time frame** of the beginning of April) to complete the course, additional costs may be incurred. This will be discussed and determined on an individualized basis.

This course offers a self-directed practicum component. Due to this flexibility actual completion dates may vary based on participant and schedules. We encourage you to arrange for an individual consultation prior to enrolling if you have questions or concerns about how long your program will be.

Participants who wish to take the PATH Intl. Advanced exam at the completion of the course will have additional requirements to fulfill. Foreign students also have additional requirements and should contact the office for details.

We look forward to welcoming you into the High Hopes family. Please do not hesitate to contact me directly at 860-434-1974, Ext. 124 if you have any questions or concerns.

Sincerely,

*Patti*

Patti Coyle  
Training and Education Director



## What is PATH Intl. Instructor Certification Status?

Like many sports, horseback riding and other equine activities provide challenges as well as reward. For a participant with a disability, however, these challenges can be even greater. The Professional Association of Therapeutic Horsemanship International (PATH Intl.) was formed to establish safety standards, provide educational opportunities, and offer networking for its estimated 850 member centers and 7,600 individual members in countries all over the world, who help and support more than 54,000 men, women and children with special needs each year through a variety of equine assisted activities and therapies programs.

In order to ensure that riders at PATH Intl. operating centers are receiving safe and therapeutically beneficial riding lessons, PATH Intl. has established a method of certifying an instructor's level of teaching ability through successful completion of a PATH Intl. Approved Training Course. All candidates who complete this PATH Intl. Approved Training Course will take the PATH Intl. Registered Instructor exam before the end of the course.

Candidates who successfully complete all training course requirements and pass the PATH Intl. Registered Instructor Examination will be granted PATH Intl. Registered Instructor status. The PATH Intl. Registered Instructor level provides certification for teaching participants with physical and cognitive disabilities.

Candidates may also have the option of taking the Advanced level exam at the end of the course. These candidates must pay an additional examination fee and meet the Advanced level criteria before taking the exam. Please refer to the PATH Intl. Advanced Certification Booklet for details regarding the levels of certification and their requirements.

Candidates who achieve a level of PATH Intl. Instructor Certification status will be required to maintain PATH Intl. Individual Membership, submit copies of current CPR and First Aid cards, and complete the required continuing education hours (Registered Level = 20 clock hours; Advanced Level = 20 clock hours) on an annual basis. An Annual Compliance Form will be sent to instructors by PATH Intl.

For additional information regarding the PATH Intl. Instructor Certification Program and PATH Intl. Individual Membership, please contact the PATH Intl. office at (800) 369-7433 or write to PATH Intl. at P.O. Box 33150, Denver, CO 80233.



## Instructor Training Course Pre-requisite Criteria

- Proof of PATH Intl. Membership
- Must be at least 21 years of age (applicants under the age of 21 will be considered on an individual basis)
- Current Resume
- A letter of intent, addressing reasons for applying to course and intentions upon graduation
- PATH Intl. Resume Form (no more than two years old)
- Personal letter of reference (no more than two years old)
- Professional letter of reference (no more than two years old)
- Proof of previous experience with disabilities
- Copies of current CPR and First Aid Cards
- Equine skills checklist or adequate proof of basic stable management and horse knowledge
- Submission of riding video or in-person demonstration of riding skills showing sufficient prior riding experience to successfully complete included pattern: *video must show walk, trot (both sitting and posting), and canter in both directions*
- Proof of previous volunteer experience of at least one year at a therapeutic riding program strongly encouraged.
- Experience teaching non-therapy riding strongly encouraged.

*Please note that if it is determine that applicants do not meet the entrance criteria during the first week will not be accepted into the Instructor Training Course. All monies paid to High Hopes, with the exception of the \$200.00 non-refundable registration fee and a portion of the tuition cost, will be returned and the applicant will be asked to withdraw from the program.*



## HIGH HOPES APPROVED INSTRUCTOR TRAINING COURSE CANDIDATE CODE OF CONDUCT

To ensure that the safety and best interests of all program participants and their families, High Hopes staff, volunteers, and our equine partners are being met, High Hopes requires that Instructor Candidates adhere to a set of professional standards and prescribed guidelines.

Candidates will be evaluated on the following during their time at High Hopes:

**Behavior:** Behavior is expected to be courteous, orderly, respectful and professional at all times. Instructor Candidates are viewed as High Hopes representatives by our participants, volunteers, parents, caregivers, educators and the general public, and are therefore expected to act in an appropriate and professional manner at all times. Behavior is expected to demonstrate the high standards adhered to by all High Hopes staff.

**Effective Communication:** Effective communication is essential for promoting and supporting a professional and respectful working environment. The gifts of varying backgrounds and cultures offer diversity and therefore opportunities for increased learning and awareness from which we all benefit. Being open to differences of opinion or perspectives enhances the experiences of all involved when approached through ongoing considerate and welcoming behavior and open communication. ITC Candidates are expected to be able to communicate in a constructive manner; one that enhances all relationships with staff, participants, parents/ caregivers and volunteers as well as your fellow ITC Candidates.

**Safe Environment:** While at High Hopes, a safe and productive working environment is of paramount importance. ITC Candidates are expected to be aware of and adhere to all pre-determined safety procedures and best practices as established by PATH, Int'l and High Hopes Therapeutic Riding.

**Proper Attire:** Proper attire is necessary in order to maintain a professional image and safe, constructive working conditions. When in an instructional role, britches and boots are required. Appropriate footwear is required when working with our horses or in the barn/program environment. This includes your 'ITC' clothing and name tag buttons. Participants, volunteers and parents/caregivers should be able to easily identify you in your ITC role.

**Confidentiality:** At High Hopes, we place great importance on protecting the confidential information of our participants, 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 participants, and information about their disabilities or special needs, must be protected as Confidential Information. ITC Candidates shall never disclose confidential information to anyone other than High Hopes staff. ITC Candidates must seek staff permission before taking any pictures or videos or before sharing any information via social media.

We value and appreciate each and every ITC Candidate for the commitment, experience, knowledge and diversity you bring to share with our High Hopes Community.



To access the *PATH INTL. Registered Instructor Booklet* in PDF format please visit the following web address:

<https://www.pathintl.org/images/pdf/resources/certifications/2018-path-intl-registered-application-booklet.pdf>

<https://www.pathintl.org/images/pdf/resources/certifications/2018-path-intl-registered-certification-booklet.pdf>

To access the *PATH INTL. Advanced Instructor Booklet* in PDF format please visit the following web address:

<https://www.pathintl.org/images/pdf/resources/certifications/path-intl-advanced-application-booklet-2018.pdf>

<https://www.pathintl.org/images/pdf/resources/certifications/path-intl-advanced-certification-booklet-2018.pdf>



**HIGH HOPES THERAPEUTIC RIDING, INC.**  
**PATH INT'L APPROVED INSTRUCTOR TRAINING COURSE**  
**TENATIVE SCHEDULE**  
 January 9, 2019 – April 2019

*All Lectures being at 9 am and end at 5pm unless otherwise specified by the instructor*

Wednesday 1/9/2019	<b>Welcome and General Orientation</b> Verification of registration materials Discussion of expectations Tour of Facility <b>Participant Riding</b> <b>Welcome Lunch</b> <b>The Horse- Introduction to the benefits of the horse</b> Equine Movement Analysis PATH Intl and a History of Therapeutic Riding
Thursday 1/10/2019	<b>Anatomy of the Rider</b> Riding from an Anatomical Point of view Postural Alignment and Corrections Exercises <b>Mounted Session-Using the movement of the horse for therapy</b> Medical Terminology
Friday 1/11/2019	<b>Growth and Development</b> Observation of Children Posture Balance Reactions <b>Instructional Team</b> <u>Tack and Equipment</u> as it relates to posture <u>Mounted Session-Effects on Human of Equipment-Movement analysis</u>
Saturday 1/12/2019	<b>Volunteer Management</b> Role play and practicum Review sidewalker receiving responsibilities during mounts/dismounts
Monday – Wednesday 1/14/2019 – 1/16/2019	<b>Practicum Work</b>
Thursday 1/17/2019	<b>Physical Disabilities:</b> Orthopedic and Neurological Impairments
Friday 1/18/2019	<b>Precautions and Contraindications</b> Rider assessment Instructional team Tack and Equipment Intro to Mounting and Dismounting



Saturday 1/19/2019	<b>The Effective Instructor</b> Rider Assessment and the Instructional Team Lesson Planning and Task Analysis Teaching techniques and strategies Mounting and Dismounting Role Play
Monday 1/21/2019	<b>Practicum and Specialty Activities</b>
Tuesday 1/22/2019	<b>Therapy Horse 1</b> Equine Selection, Evaluation, Training Training techniques and Handling
Wednesday 1/23/2019	<b>Mounting and Dismounting</b>
Thursday 1/24/2019	<b>Practicum and Specialty Activities</b>
Friday 1/25/2019	<b>Cognitive and Psychosocial I</b>
Saturday 1/26/2019	<b>Cognitive and Psychosocial II</b> Role Play
Monday – Wednesday 1/28- 1/30/2019	<b>Practicum</b> <b>Lesson Observation</b> <b>Specialty Activities</b>
Thursday 1/31/2019	<b>Facility and Risk Management (1/2 Day)</b> CAT and Mock Accreditation Visit <b>Business Organization and Fundraising (1/2 Day)</b>
Friday 2/1/2019	<b>Therapy Horse Part II</b> Equine management, health care and conformation Tack and Equipment- fit and usage Barn Practicum
Saturday 2/2/2019	<b>Autism and Sensory Integration in the TR setting</b> <b>Speech and Language</b>
Mondays – Fridays 2/4 – 2/22/2019	<b>Horse Presentations</b> <b>Paper Presentations</b> <b>On-line CAT &amp; On-line PATH Intl. Registered open book exams</b>
Monday 2/25/2019 – April 2019	<b>Practicum</b>
April 2019	<b>PATH Intl. Registered Instructor Certification Testing</b>



## HIGH HOPES INSTRUCTOR TRAINING COURSE

### LIST OF SUGGESTED REFERENCES

*Aspects and Answers: A manual for Therapeutic Horseback Riding Programs*

*PATH INTL. Operating Center Standards and Accreditation Manual*, available from PATH Intl.

*PATH INTL. Precautions and Contraindications to Therapeutic Riding*, (included in Operating Center Standards and Accreditation Manual), available from PATH Intl.

*Therapeutic Riding I: Strategies for Instruction, Books 1 & 2*, edited by Barbara Engel.

*Therapeutic Riding II: Strategies for Rehabilitation*, edited by Barbara Engel.

*The United State Pony Club Manual of Horsemanship*, by Susan Harris.

*CHA Composite Horsemanship Manual*.

### OPTIONAL REFERENCES

*Special Physical Education*, by John Dunn and Hollis Fail. Wm. C. Brown Publisher, Dubuque, Iowa.

*PATH INTL. Instructor Educational Guide*. Available from PATH Intl.

*101 Arena Exercises*, by Cherry Hill.

*Horses, Gaits, Balance, Movement* by Susan Harris.

*Therapy Horse Selection: My Horse, My Partner* by Lisa Wysoky

*Children with Disabilities*, Mark L. Batshaw, M.D.

*Person to Person*, Lindsay Gething.

*The USPC Guide to Longeing and Ground Training*, Susan E. Harris



## HIGH HOPES INSTRUCTOR TRAINING COURSE List of Staff Faculty

LEAD	Carolyn Jagielski, P.T.	PATH Intl. Registered Instructor HPCS Registered
	History of Therapeutic Riding Physical Disabilities, Human Development, Anatomy, Physiology, Kinesiology, Mounting and Dismounting, Therapy Horse, Practicum Mentor	
LEAD	Kitty Stalsburg	PATH Intl. Master Instructor, ESMHL High Hopes Executive Director
	History of PATH Intl., Teaching Techniques, Lesson Plans, Goals, Team Teaching, Instructor Certification, Accreditation, Tack and Special Equipment, Volunteers, Therapy Horse, Practicum Mentor	
LEAD	Patti Coyle	PATH Intl. Advanced Instructor, ESMHL High Hopes Training and Education Director Practicum Mentor

### LIST of ADDITIONAL FACULTY and STAFF

Barbara Abrams, PHD, LPC, Expressive Therapist, PATH Intl. Advanced Instructor  
Sarah Carlson, Special Programs Manager, PATH Intl. Adv. Instructor, ESMHL Specialty: Driving Instructor  
Sarah Crisp, Communication Manager  
Megan Ellis, Program Director, PATH Intl. Advanced Instructor  
Lauren Fitzgerald, Equine Resource Manager, PATH Intl. Advanced Instructor, Specialty: Driving Instructor  
Donna Latella, Occupational Therapist, PATH Intl. Registered Instructor  
Marie Manero, Volunteer Coordinator, PATH Intl. Registered Instructor  
Kate McCormick, Education Specialist, PATH Intl. Registered Instructor, ESMHL  
Laura Moya, MFT, PATH Intl. Advanced Instructor, ESMHL  
Lesley Olsen, Finance Director  
Sara Slayton Qua, Development Director  
Holly Sundmacker, Equine Operations Director  
Amy Tripson, Volunteer Manager, PATH Intl. Registered Instructor



## HIGH HOPES INSTRUCTOR TRAINING COURSE PRACTICUM PROCEDURE

Each instructor candidate is responsible for the completion of a minimum of 100 hours of practicum experience. Twenty-five of these hours must be full instructional teaching hours for the registered instructor certification program. A Practicum Hours Sheet will be provided for you to assist in the documentation of these hours. The remaining 75 hours may include but are not limited to; volunteering within lessons, lesson observation, lesson planning, barn and instructional back up, assisting with feedings and barn chores, assisting with and running unmounted programs.

There are three phases of Practicum to be completed -- Phase I "Demonstration of Skills," Phase II "Practicum Progression," and Phase III "Practicum Final Evaluation." During Phase I, you will have the opportunity to demonstrate basic equine care and safety, safety, sidewalking, leading, and mounting and dismounting skills necessary for advancement to Phase II. This will include the necessary experiences of volunteering in and observing classes prior to teaching. After completing Phase I, you must set up an informal and interactive meeting with an Instructor Training faculty/mentor to establish your timeline.

In Phase II, a step by step process will be implemented to enhance your teaching experience. This phase allows the following progression of teaching experiences:

- One on one lesson with Program Rider
- Small group (2-3) lessons with Program Riders
- Large group (3-5) lessons with Program Riders
- Additional teaching times when you are taking a leadership role in the practicum activity

Practicum mentors will complete detailed evaluations of your performance. A minimum of 12 written evaluations are required, the rest can be written or verbal. It is your responsibility to provide your mentor, at least 24 hours in advance, with an evaluation form and a written lesson plan. Please note that the written lesson plans are mandatory prior to teaching for all 25 hours. (There are two different evaluation forms in the practicum section of your notebook. You and your mentors will decide together which form to utilize.)

Upon the completion of Practicum Phases I and II, you must set up a second meeting with an Instructor Training Course Faculty to assess your personal progress, and to schedule Phase III. Upon successful completion of Phase III you will participate in the PATH Intl. Registered certification testing to include teaching a group lesson and executing the PATH Intl. Registered Instructor riding pattern.



## HIGH HOPES INSTRUCTOR TRAINING COURSE APPLICATION FORM

*please type or clearly print in ink*

All Applicants must be a current PATH Intl. Individual Member. This page and the checklist on the next page must be completed before mailing.

All prerequisite criteria must be met to complete the application process. Your information packet contains a list of current prerequisites.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Therapeutic Riding Affiliation: \_\_\_\_\_

Briefly describe your experience with individuals who have disabilities (use additional sheets as necessary):

Which course best meets your needs?	August	January	Other	
Do you require housing? (Limited housing available at and additional fee)			Yes	No
Do you have any special needs/concerns that we should be aware of? _____				

At the completion of this course, what level of PATH Int'l Instruction Registration would you like to achieve?

Registered	Advanced**	Undecided	Other	Driving	ESMHL
Please indicate interest in other PATH Int'l. Specialty areas:			Vaulting		

FEES		
\$200	Non-Refundable Application Fee	\$ _____
\$3,525	Tuition * (Due upon acceptance to course; cash or check discount pay \$3475)	\$ _____
TOTAL DUE- PAYABLE TO HIGH HOPES:		\$ _____

Please return the application form, \$200 application fee and other required materials to: High Hopes Therapeutic Riding Inc. 36 Town Woods Road, Old Lyme, CT 06371

A 100% refund (not including the application fee) will be given if withdrawal occurs no less than three weeks prior to start date of the course. After this period, all fees are non-refundable.

\*Limited Financial Aid applications are available upon request.  
 \*Additional fees may be due to candidate needing additional time (beyond published deadlines) to complete the course.  
 \*Extra fee, PATH Intl pre requisites and faculty recommendation's required for Advanced Level  
 \*Tuition fees include cost of onsite PATH Intl. certification testing



## HIGH HOPES INSTRUCTOR TRAINING COURSE APPLICATION FORM (continued)

### APPLICATION CHECKLIST

I am a current PATH Intl. Individual Member. Membership # \_\_\_\_\_

I have enclosed the following (check each item):

- Letter of Intent
- Resume
- Video or demonstration of Riding Pattern
- High Hopes Instructor Training Course Application (*this form*)
- Horsemanship and Educational Experience Form
- Personal Reference
- Professional Reference
- PATH Intl. Registered Instructor Essay Questions
- PATH Intl. Documentation of Mounted Teaching Hours (*to be completed during course*)
- Equine Skills Checklist
- A copy of my current CPR card (front and back) and First Aid card
- A copy of PATH Intl. membership card
- PATH Intl. Code of Conduct
- PATH Intl. Center Reference (Advanced Only)
- I have kept a copy of all the paperwork listed above.

Height (required): \_\_\_\_\_ \*Weight (required): \_\_\_\_\_ Preferred Seat:  English  Western

Shirt/Fleece Size: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**\*Please note:** High Hopes horses have a weight limit of 180 lbs. If you exceed this weight limit, please contact High Hopes Training and Education Director to discuss options.

#### Registered Only:

- I am at least 21 years of age.
- I will have completed \_\_\_\_\_ hours of teaching riding (must be at least 25 hours) by the end of the training course.
- I understand that I must make a copy of my completed examination, to keep for my records, before returning the original to PATH Intl.

#### Advanced Only:

- I am at least 21 years of age.
- I have completed \_\_\_\_\_ hours of therapeutic riding teaching experience at a PATH Intl. member operating center (must be at least 120 hours) and with the applicable PATH Intl. Documentation. I have completed the Teaching Hours Form.



## Horsemanship and Educational Experience Form

Please type or print clearly in ink. Please include a copy of your actual resume as well.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a licensed therapist?      PT      OT      Other Therapist: \_\_\_\_\_

Are you a PATH Intl. Individual member:      Yes      No

If affiliated with an operating center, list name: \_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_ Year: \_\_\_\_\_ Diploma: \_\_\_\_\_

College or Vocational: \_\_\_\_\_ Year: \_\_\_\_\_ Diploma: \_\_\_\_\_

Other Studies/Certificates/License: \_\_\_\_\_ Year: \_\_\_\_\_

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 of instruction: \_\_\_\_\_ 4-H level: \_\_\_\_\_

Your equestrian experience: \_\_\_\_\_

### EXPERIENCE TEACHING RIDERS WITH DISABILITIES

Do you work with any of the following disabilities? Check all that apply. Mental

Impairments

Cerebral Palsy

Learning Disabilities

Multiple Sclerosis

Communication Impairment

Muscular Dystrophy

Hearing Impairments

Brain Injury/Head Trauma

Visual Impairments

Spina Bifida

Emotional Impairments

Stroke/CVA

Autism

Post-Polio

Down Syndrome

Other \_\_\_\_\_

### ADDITIONAL INFORMATION

Professional organizations of which you are a member: \_\_\_\_\_

Articles/books/lectures you have done: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_



## PATH Registered Instructor Certification Expectations

Welcome to the riding component of the PATH Intl. Registered Level Riding Instructor Certification. Please keep in mind the following information when submitting for certification:

### Riding Component

A therapeutic horseback riding instructor needs to know and demonstrate the criteria listed in the PATH Intl. Registered Instructor Criteria booklet. The same criteria **must** be demonstrated regardless of what style of riding is being performed or the type of equipment being used. Some of those criteria include:

- **bending**
- **straightness**
- **control of the horse**
- **posture and body alignment**
- **balance**
- **posting on the correct diagonal as outlined in the registered booklet**
- **correct canter leads**
- **warm-up of horse**

### Rationale for the Riding Requirement

When teaching riders for which balance is a primary goal, an understanding of these principles is critical. Additionally, these riding skills allow PATH Intl. instructors to evaluate a prospective program equine and to appropriately match equines and participants. In order to teach riding and evaluate equines, PATH Intl.'s Riding Certification Subcommittee has defined the criteria that objectively demonstrate these important skills. In theory, the proficiency of the candidate's riding skills transfer to the knowledge needed to benefit riders with disabilities. The evaluator's personal style of riding and experience is not a factor in the certification.

### The Warm Up

Evaluators want each candidate to be confident and successful in their riding demonstration. During warm-up, demonstration of the walk, jog/trot and lope/canter while meeting the horsemanship and riding criteria is **required**. Additional components within the warm-up are at the discretion of the candidate and designed to reflect the candidate's ability to recognize the horse's needs in the warm-up while meeting horsemanship criteria. Should there be a component of the test where the candidate would like to demonstrate additional proficiency, he/she may ask to revisit that component at the conclusion of the test before dismounting. Each candidate will be allowed 3 minutes to re-ride one component of their choice with the approval of the evaluators. It is up to the candidate to request to perform a component of the pattern again and there will be no reminder from the evaluators. Candidates will not be allowed to re-ride the entire test or remount to perform a component.

### No Photography or Videotaping Permitted at Certification

During both the riding component and the teaching component of certification, photography and videotaping are not allowed.

### Self-Reflection

Candidates are required to complete a self-reflection as a part of their lesson plan upon completion of their teaching component. Candidates are required to complete this section of testing on their own without any additional input from others.





**Instructor Workshop/On-Site Registered Certification Program  
Professional Reference**

*This reference must be familiar with applicant's riding instruction experience and cannot be the same as the Personal Reference.*

Instructor certification candidate's name: \_\_\_\_\_

Name of reference: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

In what capacity does the reference know the candidate?

How many hours of lesson instruction has the applicant completed?

Evaluate the candidate's knowledge of horses and horsemanship:

Evaluate the candidate's understanding of individuals with disabilities and riding:

(Please attach extra sheets if necessary)

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_



**Instructor Workshop/On-Site Registered Certification Program  
Personal Reference**

*This reference cannot be the same as the Professional Reference.*

Instructor certification candidate's name: \_\_\_\_\_

Name of reference: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

In what capacity does the reference know the candidate?

How many hours of lesson instruction has the applicant completed?

Evaluate the candidate's knowledge of horses and horsemanship:

Evaluate the candidate's understanding of individuals with disabilities and riding:

(Please attach extra sheets if necessary)

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_



## Instructor Workshop/On-Site Registered Certification Program Essay Questions

In your own words, answer the following questions. You may use this page or answer on a separate sheet of paper. Typed answers are suggested, as they are the easiest to read.

Instructor certification candidate's name: \_\_\_\_\_

1. Indicate which style of riding you teach:

- Balance Seat       Forward Seat       Dressage       Western  
 Other: \_\_\_\_\_

Explain why you teach the style of riding indicated and what the benefits are for your riders.

2. Discuss your philosophy of teaching.

3. Describe your strengths as a therapeutic riding instructor.

4. Describe your opportunities for improvement as a therapeutic riding instructor.

# PATH INTL. REGISTERED INSTRUCTOR CERTIFICATION

## Phase I Equine Management Skills Checklist

Candidate Name: \_\_\_\_\_ PATH Intl. Member# \_\_\_\_\_

<i>Candidate checks off this section ONLY</i>	
Check	PATH Intl. STANDARDS
	Know and implement PATH Intl. Standards and their interpretation for horse care and maintenance. (Core standards)
	Know and implement PATH Intl. Standards and their interpretation regarding the use of safety and adaptive equipment. (Mounted and Ground Activity Standards)

**In preparation for Registered Instructor Certification, a PATH Intl. Certified Riding Professional must sign off on your knowledge and skill in the following areas.**

<i>*All topics below are to be checked off by a PATH Intl. Certified Riding Professional*</i>	
Check	BREED/COLORS/MARKINGS/PARTS OF THE HORSE
	Identify a horse by: age, color and markings, breed characteristics, height and weight
	Know parts of the horse
HORSE SENSES AND BEHAVIOR	
	Know the characteristics of the senses of the horse
	Know the characteristics of horse behavior
	Know how the senses of the horse and horse behavior affect the safety of the riding setting
	Identify stable vices including: cribbing, weaving, biting and kicking, wood chewing
FEEDS AND FEEDING	
	Know feed requirements of the horse including: hay, salt and minerals, grains, feeding intervals, water
	Recognize signs of poor quality feed
STABLE MANAGEMENT	
	Identify appropriate protection for horses including: fly masks and bonnets, shelter, fly repellents
	Know horse manure handling methods for sanitary conditions of stall and turn out areas
	Identify bedding materials
	Identify potential stall hazards
HEALTH AND SICKNESS	
	Know and recognize the signs of: behavior change, rabies, colic, good health, thrush, laminitis, weight loss
	Know and recognize when a horse is unsound
	Identify normal range and how to take TPR (temperature, pulse, respiration)
	Describe deworming, vaccination, hoof and teeth care programs
GROOMING	
	Identify and explain the use of grooming tools including: curry comb, mane or tail comb, hard or dandy brush, shedding blade, soft or body brush, sponges, hoof pick, and sweat scraper
	Know how to give a horse a bath
	Know how to cool down a horse following a work session
	Know how to clip a horse for maintenance including: bridle path, muzzle, fetlock

# PATH INTL. REGISTERED INSTRUCTOR CERTIFICATION

## Phase I Equine Management Skills Checklist

Candidate Name: \_\_\_\_\_ PATH Intl. Member# \_\_\_\_\_

Check	TACK AND TACKING
	Identify and know the purpose, use and function of: bits (snaffle and curb), adaptive equipment, bitless bridles, breast plates and collars, bridles, safety stirrups, saddles (English and Western), safety helmets, saddle pads, surcingles, bareback pads
	Know the parts of the English and Western saddles and bridles
	Know how to tack a horse
	Identify and explain equipment needs for riders and horses including: types of saddles and bridle, how saddle affects rider position, how bridle and saddle affects horse, adaptive equipment
	Know how to fit tack to horses and riders
	Know how to educate team, including riders and volunteers, in the use of the equipment
	Know and demonstrate tack cleaning, care, and maintenance
	UN SOUNDNESS AND BLEMISHES/FORM TO FUNCTION
	Recognize the difference between a blemish and an unsoundness
	Identify and describe the foot falls and beats of the: walk, trot/jog, canter/lope
	SELECTION AND TRAINING
	Identify the criteria and the rationale behind selecting horses for a therapeutic riding program.
	Discuss and demonstrate effective techniques to safely expose and get positive responses from horses with regards to leaders and side walkers, ambulation aids, mounting ramps and blocks, game equipment, mounting procedures.
	Identify and make recommendations for a conditioning and maintenance program for therapeutic riding horses including: lunging, mounted and ground schooling, record keeping and turn out.

Page 2 of 2

I, \_\_\_\_\_, verify that \_\_\_\_\_  
(PATH Intl. Certified Riding Professional's Printed Name) (Candidate's Printed Name)

can competently perform all of the items on the above checklist.

\*PATH Intl. Certified Riding Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*I, the candidate, have confirmed that the PATH Intl. **membership AND certification** of the PATH Intl. Certified Riding Professional signing off on this form are **current**.

***I, the candidate, hereby affirm that the information recorded above is accurate and factual.***

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*A PATH Intl. Certified Riding Professional is defined as a professional with at least one of the following certifications:

- Registered, Advanced or Master Therapeutic Riding Instructor
- Vaulting Instructor

\*\* The PATH Intl. Certified Riding Professional's membership and certification must be current as of the date on this form. You may request a copy of a current PATH Intl. Instructor Membership card or contact the PATH Intl. office at 800-369-7433 to verify membership and certification/compliance.



*Please submit completed form to the PATH Intl. office via mail or fax:*  
**PATH Intl., P.O. Box 33150, Denver, CO 80233**  
**Fax: (303) 252-4610**

**PATH Intl. Registered Instructor**

# DOCUMENTATION OF GROUP TEACHING HOURS

Additional forms may be used for additional hours and/or mentors

Name of Candidate: \_\_\_\_\_ Member ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date	Location/Organization	Discipline (Western/ English/ etc.)	Hours	Mentor's Name and PATH Intl. # (required)	# of riders in group
<b>TOTAL</b>					

I, \_\_\_\_\_, verify that \_\_\_\_\_  
(PATH Intl. Certified Riding Professional's Printed Name) (Candidate's Printed Name)  
 has practiced emergency response procedures, **including demonstration of an emergency dismount.**

I have confirmed that the PATH Intl. **membership AND certification** of each PATH Intl. Certified Riding Professional signing off on this form are **current** and acknowledge this form is not valid without the Certified Riding Professional's member ID(s).

*I hereby affirm that the information recorded above is accurate and factual.*

Instructor candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Riding Professional's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_



**Please submit this form to the Host Site with your On-Site Certification paperwork,  
DO NOT send to the PATH Intl. office.**



**Instructor Workshop/On-Site Registered Certification Program  
Release of Liability Form**

I, \_\_\_\_\_ would like to participate in the PATH Intl.  
*(Candidate's name)*

Instructor Workshop and/or On-Site Registered Certification. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to me 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 PATH Intl., its Board of Trustees, employees and faculty/evaluators for any and all injuries and/or losses I may sustain while participating in the PATH Intl. Instructor Workshop and/or On-Site Registered Certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Candidate's)*

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Many disabilities or injuries have accompanying conditions that pose special physical risks during exercise. Horseback riding is exercise, as are other activities involved in this Workshop and/or Certification, such as handling and working around horses. I understand that PATH Intl. and the Host Site recommends that I seek the advice of a physician before participating in activities that involve exercise, riding, handling or being near horses.

I understand that if I have a disability/disabilities, injury or physical condition that might affect my ability to ride, handle, or be around horses at the PATH Intl. Instructor Workshop and/or On-Site Registered Certification, I will need to apply for an exemption or accommodation as outlined in the Accommodation or Exemption Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Candidate's)*



**PATH Intl. Photo Release Form**

I hereby consent to and authorize the use and reproduction by the Professional Association of Therapeutic Horsemanship International (PATH Intl.) of any and all photographs taken of me/my son/my daughter/my ward for promotional printed materials, educational activities, PATH Intl.'s website, exhibitions or for any other use for the benefit of PATH Intl. and equine assisted activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For PATH Intl. Records**

Name \_\_\_\_\_

Name of person(s) in photo \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone/email \_\_\_\_\_



**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: \_\_\_\_\_**

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:** \_\_\_\_\_

*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:** \_\_\_\_\_

*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.  **Consent**  **Do Not Consent**

**Date:** \_\_\_\_\_ **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:** \_\_\_\_\_ **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:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.*