

# PATH Intl. Registered Instructor Certification ON DEMAND



## HIGH HOPES

Horses and Humans Improving Lives

Investing in your future



Opportunity, Education & Excellence

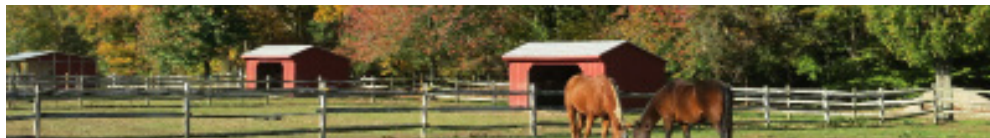
Choose High Hopes - an internationally recognized training facility.

### 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:

High Hopes offers "Certification on Demand" for "first time" participants who are unable to attend our twice-a-year OSWC dates, and for those who need to take the certification a second time ("recertification"). In order to become a PATH Intl. Registered Instructor, you must complete two phases of the certification process.

#### Faculty

**Patti Coyle** PATH Intl. Advanced Instructor/Lead Evaluator  
**Megan Ellis** PATH Intl. Advanced Instructor/Lead Evaluator  
*Faculty - subject to change*

#### Time:

T.B.D.

#### Price:

\$200 to \$500 (*please see application form for details*)

#### Prerequisites:

- **Phase Two first time participants**  
Upon successful completion of Phase One, you will receive a confirmation letter from the PATH Intl. office. At this point you are considered an Instructor-In-Training (IT). You may retain this designation for twelve months from the date of your confirmation letter. At the end of the twelve months, you must have completed all the components of Phase Two:
  - Complete 25 hours of teaching mounted therapeutic riding lessons under the supervision/mentorship of a PATH Intl. Certified Instructor.
  - Attend a Registered Instructor On-Site Workshop. You must attend a workshop PRIOR to the certification component. (Please note that the workshops are valid for 2 years).
  - Successfully complete a Registered Instructor On-Site Certification
- **Phase Two recertification participants**
  - Attend a workshop within two years of the certification and provide proof to the host site
  - Complete teaching hours within two years of the certification
  - Submit an extra 10 hours of mentored teaching for those who did not meet criteria on both components
  - Fill out a new Phase Two packet (this can include the same references). Must include CPR, First Aid, etc.
  - Submit the PATH Intl. "resubmission application form" which has the resubmission deadline on it. It is one year from the date the letter was sent. This letter replaces the IT letter

**Registration Deadline:** Requested dates must be one month 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](mailto: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?**

## 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**

## 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!**

## 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**

## 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**

## 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.**

## May 2019

**May 3, Registration Deadline for June 12-15 OSWC**

## 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](mailto:scarlson@highhopestr.org)  
or go online: [highhopestr.org](http://highhopestr.org)

## 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**



**HIGH HOPES**

Horses and Humans Improving Lives

**PATH INTL. REGISTERED 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:

**RIDING ONLY^ - \$200**

\_\_\_\_\_ 1st Choice Date  
\_\_\_\_\_ 2nd Choice Date

**TEACHING ONLY^ - \$300**

\_\_\_\_\_ 1st Choice Date  
\_\_\_\_\_ 2nd Choice Date-

**FIRST TIME CERTIFICATION^ - \$500**

\_\_\_\_\_ 1st Choice Date  
\_\_\_\_\_ 2nd Choice DateThe

^ 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.

**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.

**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 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](mailto: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