

# 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  
**Lauren Fitzgerald** 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 Miller, smiller@highhopestr.org

### Terms:

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

**PATH INTL. ADVANCED INSTRUCTOR CERTIFICATION ON DEMAND**  
**High Hopes Therapeutic Riding Inc. Registration Form**

Name: \_\_\_\_\_ PATH Intl. member 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. **\*Under such circumstances we reserve the right to make a fee change.**

**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 Miller, or register online at <http://www.highhopestr.org>. Upon receipt of this completed form and payment, High Hopes will send you a confirmation email and any additional materials necessary. For questions contact Sarah Miller at (860) 434-1974 ext. 115, or [smiller@highhopestr.org](mailto:smiller@highhopestr.org)

**HIGH HOPES THERAPEUTIC RIDING INC REGISTRATION & RELEASE (NEW COMMON VERSION)**

**PLEASE COMPLETE ENTIRE FORM**

Volunteer Participant Veteran's Program Summer Camp Horse Sense Immersion Visitor  
One Day Vol/Group Training & Education Workshop/Certification. Field Trip or Birthday Party Other

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_ ft \_\_\_\_ in Weight: \_\_\_\_\_ lbs (Height & weight used in horse & volunteer assignments.)

Ethnicity: 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

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 transport, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment. Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

*If applicant is under 18 years of age, parent/guardian signature is 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:** 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 such 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: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

*If applicant is under 18 years of age, parent/guardian signature is 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. I shall never disclose confidential information to anyone other than High Hopes staff. I must seek staff permission before taking any pictures or videos. I have read and understand the High Hopes Confidentiality Policy and agree to abide by same. Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

*If applicant is under 18 years of age, parent/guardian signature is 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 in activities at High Hopes from whatever cause, including but not limited to the negligence of these related parties. The undersigned acknowledges that he/she has read this registration form 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: \_\_\_\_\_

*If applicant is under 18 years of age, parent/guardian signature is required.*