



# PATH Intl. CTRI® Certification Maintenance Form

Use this form to maintain your PATH Intl. CTRI credential **EVERY TWO YEARS.**

DO NOT use this form if you are **EXCLUSIVELY EITHER** a driving instructor **OR** Equine Specialist in Mental Health and Learning.

Instructor name: \_\_\_\_\_ PATH Intl. Certification ID: \_\_\_\_\_

**Section 1:** I hold the following PATH Intl. certification(s):

- CTRI       Advanced TRI       Master TRI       Equine Specialist in Mental Health and Learning
- Interactive Vaulting       Driving Level I       Driving Level II       Driving Level III

**Section 2:** I attest that:

- My PATH Intl. membership is current **OR**  I do not currently hold PATH Intl. membership.
- My certification maintenance fee (\$75 for members, \$95 for non-members) has been paid **OR**  is included with this form.
- My adult and child first aid and CPR certifications are current (*100% online courses ARE acceptable*).
- I have read, fully understand and agree to comply with the **CURRENT PATH Intl. Standards for Certification and Accreditation**.
- I have read, fully understand and agree to uphold the **CURRENT [PATH Intl. Certified Professional Code of Ethics](#)** at all times.
- I completed the online CTRI certification maintenance module on: \_\_\_\_\_  
(date)
- I have completed a minimum of 20 hours of continuing education activities as defined by the [PATH Intl. CEU Guidelines](#).

**Section 3:** Documentation of a minimum of **20 continuing education hours** obtained during the previous 24 months including:

1. **A minimum of 12 hours** of disability education (DE)
2. **A minimum of 4 hours** of core requirements relevant to EACH certification held (CR)
  - I attest that any coaching reported for was provided by a CURRENT PATH Intl. Certified Instructor (if applicable)*
3. Additional general continuing education activities (CE) involving active participation and/or reflecting pursuit of professional development to reach a total minimum of 20 hours

Event/Activity	Location/Institution/Coach/Research Supervisor	Date (mo/year)	CE/DE/CR	Hours

**BY CHECKING THE BOX BELOW, I ACKNOWLEDGE AND AGREE THAT ALL INFORMATION ON THIS FORM IS TRUE AND ACCURATE. Furthermore, I understand that failure to abide by the PATH Intl. Certified Professional Code of Ethics could result in disciplinary proceedings.**

Agree:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit completed form via email to [certificationcompliance@pathintl.org](mailto:certificationcompliance@pathintl.org) or mail to:  
PATH Intl., P.O. Box 33150, Denver, CO 80233 Fax: (303) 252-4610, Phone: (800) 369-7433

**NOTE: You are responsible for keeping a copy of this form for your records. All information submitted on this form is subject to further review by PATH Intl.**