

**NORTH AMERICAN RIDING FOR THE
HANDICAPPED ASSOCIATION, INC.**

**INTERNATIONAL
REGISTERED INSTRUCTOR
CERTIFICATION PROGRAM**



NARHA

**PHASE II
INTERNATIONAL CANDIDATE FORMS**



Dear NARHA International Instructor-In-Training –

Congratulations are in order! You have now achieved NARHA Instructor-In-Training status.

As outlined in the NARHA Registered Instructor Application Booklet and Instructor-In-Training letter, you will need to complete Phase II components within the next 12 months.

You have two options for completing Phase II as an International Candidate:

Option 1:

You may as an International Candidate go to an On-Site Workshop and Certification in the United States. We realize this is costly, which is why we have Option 2 for the completion of Phase II. Please visit our website to see the most current listing of On-Site Workshop and Certifications, available on the calendar link on our website, www.narha.org.

Option 2:

You may complete Phase II components detailed in this booklet.

Option 2 - Phase II components include the following:

- Application
- Riding Instructor Resume
- Personal Reference
- Professional Reference
- Essay Questions
- Documentation of Mounted Teaching Hours Form
 - Complete a minimum of 25 hours of teaching mounted therapeutic riding lessons under the guidance or direct supervision of a NARHA Certified Instructor (mentor.) Please see form for details.
- Video/DVD of two Certification components
 - Riding Demonstration
 - Instruction of Rider with Disabilities

When all the items listed above have been completed send all items to the NARHA office, Attn: Certification Department for review. This review process can take up to 60-90 days.

Please contact the NARHA Certification Department with questions or concerns throughout this process. Call (800) 369-RIDE/7433 or email Tara McChesney at tmcchesney@narha.org. Good luck throughout the certification process!

Sincerely,

Tara McChesney
NARHA Certification Coordinator

NARHA International Registered Instructor Certification Program
International Phase II Forms Candidate Checklist

This form is provided to assist the Candidate in preparation for sending all necessary items to the NARHA office.

Name of Certification Candidate:

NARHA Membership #:

1. The following has been completed in Phase I:

(All items below have been completed in Phase I)

- NARHA International Membership
- NARHA Instructor Application
- Successful Completion of online Center Accreditation Training (CAT) Course/Exam
- Successful Completion of online Instructor Self Study Course/Exam
- Copy of current Adult/Child CPR (online courses not accepted)
- Copy of current First Aid Certification (online courses not accepted)
- I have received Phase One Confirmation of Instructor-In-Training status letter

2. The following information will need to be completed in Phase II:

(All items below will need to be submitted as Phase II packet to NARHA)

Documentation Forms:

- Phase One Confirmation of Instructor-In-Training status letter
- Copy of NARHA membership card
- Phase II International Registered Instructor Application
- Application fee of \$75.00
- Riding Instructor Resume
- Personal Reference
- Professional Reference
- Essay questions
- Documentation of Mounted Teaching Hours
- Copy of current Adult/Child CPR certification card (online courses not accepted)
- Copy of current First Aid certification card (online courses not accepted)

Videotape and Documentation Forms:

- Video/DVD containing segment of the riding demonstration
- Video/DVD containing segment of instruction to riders with disabilities with forms:
 - Class Rider List
 - Lesson Plan
- Checklist for Registered Instructor Videotape form

Please make a copy of all documentation and videotape/DVD for your records. Thank you!



Phase II – International Registered Instructor Certification Application

Please type or clearly print in ink

Name: _____ NARHA Member #: _____

Address: _____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Phone: Primary: _____ Secondary: _____

Fax: _____ E-mail: _____

- I am at least 18 years of age
- I am a current NARHA International Member NARHA # _____
- I have enclosed \$75.00 (US Funds) the International Registered Instructor Application Fee

Enclosed Documentation and Items: (Please keep a copy of all documentation for your records)

I have enclosed the following:

- Phase One Confirmation of Instructor-In-Training Letter
- Phase II International Registered Instructor Application
- Copy of current NARHA International Membership card
- Copies of Current CPR and First Aid Cards (online courses are not accepted)
- Riding Instructor Resume
- Professional Reference
- Personal Reference
- Essay Questions
- Documentation of Mounted Teaching Hours

I have enclosed the following for my Videotape/DVD & Documentation:

- Videotape/DVD with both riding and teaching of riders with disabilities segments
- Checklist for Registered Instructor Videotape
- Class Rider List
- Lesson Plan

I wish to pay by: Check (Make payable to NARHA in U.S. Funds)
 VISA MasterCard AmerEx

Credit Card Number: _____ Expiration Date: _____

Applicants Signature: _____ Date: _____

Return all materials to:
NARHA, Attn: Certification Department, P.O. Box 33150, Denver, CO 80233
Please send items via a tracking method to the NARHA office

NARHA International Registered Instructor Certification Program

Video Requirements

The NARHA Registered Instructor process requires two videotaped segments. This first segment is a demonstration of an applicant's riding skills. The second segment is a demonstration of the applicant's teaching skills. When you first apply you will need to submit both of these segments. Please record both segments on one **VHS format tape/DVD**. The segments must be clearly visible and audible. Use of wireless microphones is strongly encouraged. It is also recommended that you copy the video in case loss or damage occurs in the mail. Remember to submit your videotape using the check list for the Registered Instructor Videotape.

If you feel any portion of your videotape segment needs clarification, please feel free to submit a written letter of explanation with your video. Remember that application materials, including the videotape, become the property of NARHA and will not be returned to candidates.

Segment A: Applicant's Riding Demonstration

Demonstrate your riding ability. In order to successfully pass this segment:

- ALL instructors must wear an ASTM/SEI approved helmet
- ALL instructors must demonstrate ALL components of the riding pattern – walk, trot/jog on the correct diagonal, canter/lope, halt, back, and dismount – regardless of discipline or style of riding.
- This riding demonstration segment should be five minutes maximum, but must include a warm-up and the riding pattern. After a brief warm-up, execute the following pattern to demonstrate your riding skills using the entire arena. With the warm-up the video should not exceed 10 mins.

Segment B: Instruction of Riders with Disabilities

Demonstrate your ability to instruct riders with disabilities. NARHA Registered Instructors must be able to demonstrate their ability to handle more than one rider and horse at a time. Therefore a group lesson is required. This video-taped segment must:

- Last 20-25 minutes
- Contain at least 2, and not more than 4, riders
- Clearly indicate the name of the horses and riders on the videotape
- Include riders that reflect the types of disabilities that you teach
- Show mounting and dismounting of **only one** student, representative of the class
- Teach riding skill(s) appropriate for the ability of the riders – including a trot, if applicable to ability
- Suggested components of a lesson include: introduction, one mount, warm-up/exercise, riding skill instruction, age appropriate game/activity, and one dismount

NARHA International Registered Instructor Certification Program
Checklist for Registered Instructor Videotape

I have enclosed a video tape or DVD which I have reviewed and verified meets the following criteria (check each item):

- The videotape is clearly audible
- The videotape is clearly visible
- An introduction of each rider (by first name, no disabilities) and his/her horse is shown
- One group lesson of 2, 3, or 4 riders is shown:

The first name(s) of the riders are:

- The group lesson last 20-25 minutes
- The mount/dismount of only one rider is shown
- My riding demonstration is 5 minutes maximum
- For my riding demonstration, the warm-up and required pattern are shown
- All riders, including myself, are wearing helmets that meet NARHA Standard P12:
Type of helmets: _____
- All riders, including myself, are using stirrups and/or footwear that meet NARHA Standard P13:
Type of stirrups: _____
- The riding arena(s) meet(s) the requirements listed in the current *NARHA Standards & Accreditation Manual*
- All gates are securely closed during the lesson
- I have kept a copy of my videotape/DVD and understand that the enclosed videotape/DVD may not be returned to me by the NARHA office**

Signature: _____ Date: _____

NARHA International Registered Instructor Certification Program
Class Rider List

Instructor's Name _____ NARHA Member # _____

Therapist's Name _____ Involvement with these riders _____

Student's First Name _____ Disability _____
Age _____ Horse _____ Began Riding _____
Sp. Equip. _____ Tack _____
Type of Helmet _____ Type of Stirrups _____
Individual Long-Term Goals _____

Student's First Name _____ Disability _____
Age _____ Horse _____ Began Riding _____
Sp. Equip. _____ Tack _____
Type of Helmet _____ Type of Stirrups _____
Individual Long-Term Goals _____

Student's First Name _____ Disability _____
Age _____ Horse _____ Began Riding _____
Sp. Equip. _____ Tack _____
Type of Helmet _____ Type of Stirrups _____
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Student's First Name _____ Disability _____
Age _____ Horse _____ Began Riding _____
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Age _____ Horse _____ Began Riding _____
Sp. Equip. _____ Tack _____
Type of Helmet _____ Type of Stirrups _____
Individual Long-Term Goals _____

NARHA International Registered Instructor Certification Program

Lesson Plan

(Use one copy of this page per videotaped class)

Instructor's Name: _____ NARHA Member #: _____

Please note extent of involvement of a Licensed/Credentialed Health Professional (see *NARHA Standards & Accreditation Manual* Glossary for a list of professionals that fall under this definition) in preparation of the lesson or during the lesson.

Objective of Lesson:

(Objectives must be written in terms that describe observable behavior that can be measured)

Teacher Preparation/Equipment Needed:

Lesson Content/Procedure:

(Include sequence of lesson. How will you conduct the lesson? What will be included?)

Summary and Evaluation:

(How do you feel the lesson went? Strong points? Weak points? Did you meet the objectives? Suggestions for future.)

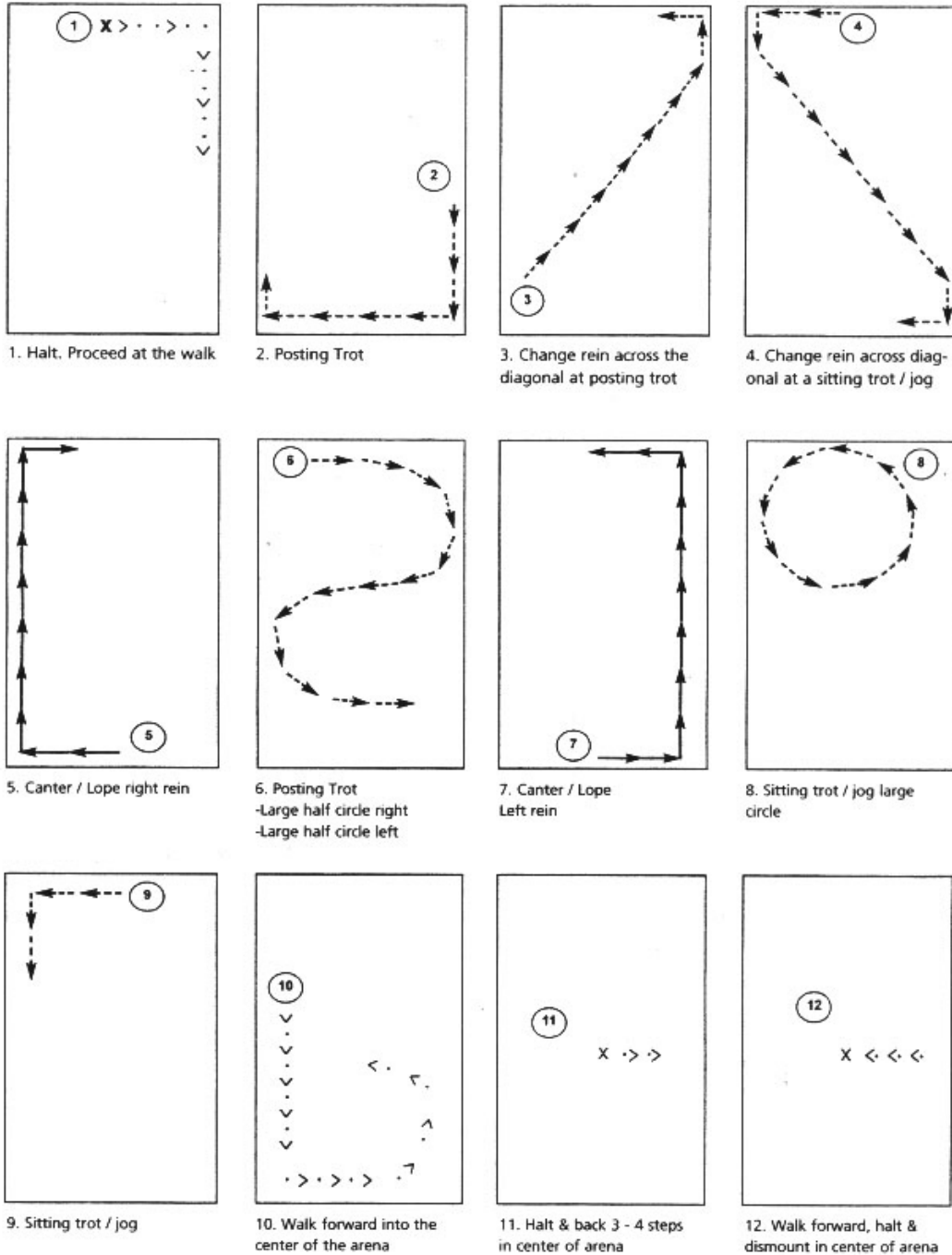
NARHA International Registered Instructor Certification Program

Applicant Riding Demonstration

In order to successfully pass this segment, all candidates must wear an ASTM/SEI approved helmet. Candidates will be required to demonstrate their own riding ability by riding the following pattern.

- Warm-up
 - Ride at a walk, trot (jog), and canter (lope) both directions of the arena
 - Change the rein through the diagonal
- Circle
 - Back
 - Halt

After a brief warm-up, execute the following pattern to demonstrate your riding skills:



NARHA International Registered Instructor Certification Program
Riding Instructor Resume

Name: _____ NARHA Member #: _____

Address: _____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Phone: Primary: _____ Secondary: _____

Fax: _____ E-mail: _____

Are you a licensed therapist? PT OT Other Therapist _____

Are you a NARHA Individual member Yes No

If affiliated with an operating center, list name and location:

EDUCATION

High School _____ Year _____ Diploma _____

College or Vocational _____ Year _____ Degree _____

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 _____ Pony Club level _____ 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 | <input type="checkbox"/> | Cerebral Palsy | <input type="checkbox"/> |
| Learning Disabilities | <input type="checkbox"/> | Multiple Sclerosis | <input type="checkbox"/> |
| Communication Impairment | <input type="checkbox"/> | Muscular Dystrophy | <input type="checkbox"/> |
| Hearing Impairments | <input type="checkbox"/> | Brain Injury/Head Trauma | <input type="checkbox"/> |
| Visual Impairments | <input type="checkbox"/> | Spina Bifida | <input type="checkbox"/> |
| Emotional Impairments | <input type="checkbox"/> | Stroke/CVA | <input type="checkbox"/> |
| Autism | <input type="checkbox"/> | Post-Polio | <input type="checkbox"/> |
| Down Syndrome | <input type="checkbox"/> | Other _____ | |

ADDITIONAL INFORMATION

Professional organizations of which you are a member:

Articles/books/lectures you have done:

Signature/Title:

Date: _____

Personal Reference

(This reference cannot be the same as the Professional Reference)

Instructor Certification Candidate's Name: _____

Name of Reference: _____ Age: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: Primary: _____ Secondary: _____

In what capacity does the reference know the candidate?

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: _____

Professional Reference

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

Instructor Certification Candidate's Name: _____

Name of Reference: _____ Age: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: Primary: _____ Secondary: _____

In what capacity does the reference know the candidate?

How many hours of lesson instruction had 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 needed)

Signature of Reference:

_____ Date: _____

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.

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 weaknesses as a therapeutic riding instructor:

Signature of Candidate:

Date: _____

