



**DRIVING LEVEL 1
INCREASE TO
LEVEL 2**

**PATH Intl.
Instructor Certification
Application Booklet**



PATH
INTERNATIONAL

Professional Association of Therapeutic
Horsemanship International

*Ensuring excellence and changing lives
through equine-assisted activities and therapies*

PATH Intl. Driving Level 1 Increase to Level 2 Instructor Certification Application Booklet

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Mission

PATH Intl., Ensuring excellence and changing lives through equine-assited activities and therapies

PATH Intl. / P.O. Box 33150 / Denver, CO 80233

1-800-369-7433 (RIDE) / Fax: 303-252-4610 / e-mail: path@pathintl.org / www.pathintl.org

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PATH
INTERNATIONAL

Welcome!

Thank you for your interest in attending the PATH Intl. Driving Certification! The following is designed to give you information on how to move up from a Driving Level 1 Instructor to a Driving Level 2 Instructor. All forms and payment must be sent to the host site you are attending for your upgrade.

Getting Prepared:

Being Physically Prepared

Remember that the certification requires physical preparedness to complete. If you have any concerns regarding your ability to participate in any of the components of the certification, based on physical or mental limitations due to disability, injury or medical condition, contact the PATH Intl. office.

Written Exam

You will be required to take a 50 question written exam at the certification (test 2 and 3 combined). This test can not be taken prior to the on-site certification

Lessons to perform at the certification

You will be required to perform two driving lessons during your certification testing.

The first lesson will be with able bodied students (intermediate skills)

1. One- handed 30 meter circle
2. Lengthened trot across the diagonal
3. Lengthening the frame (reaching down for the bit) at the working trot
4. Working trot/ collected trot/ working trot transitions
5. Driving 3 sets of stair-step cones

The second lesson will be with physically disabled students

1. 20 minute lesson to include: mount, skill, dismount

Auditors

None are allowed.

Specific Questions?

Please contact Tara McChesney, PATH Intl. Certification Coordinator for more information about the certification. Phone: (800) 369-7433 ext. 114
Email: tmcchesney@pathintl.org

Schedule

Please ask your host site for schedule, travel and lodging information.

Application Policies & Procedures

It is recommended that participants do not make non-refundable travel arrangements until a confirmation email is received with travel and lodging information from the host site.

- All certification testing fees set by the host site.
- Application materials must be typed, or clearly written, and submitted to the host site.
- If less than the minimum number of participants registers for a location by the application deadline, the Certification may be canceled.

Accommodation Requests

Requests for an accommodation to any part of the workshop must be made in writing and submitted to the PATH Intl. office 60 days before your certification testing. All requests for accommodations will be reviewed by the PATH Intl. Driving Certification Subcommittee on an individual basis, and applicants will be notified of the committee's decision. All requests relating to a medical reason must include a note from your physician. For more information please contact the PATH Intl. office.

Medical Condition Policy

In the event of injury or medical condition that may not necessarily preclude the candidate from completing all portions of the certification, but may affect participation in any way, it is recommended that the candidate seek the advice of a physician before participating in any activities that involve exercise, driving, handling or being near horses. It is also the responsibility of the candidate to make PATH Intl., the host site and Faculty aware of such condition. It is ultimately up to the evaluators to allow any candidate to participate in certification if an injury occurs.

Application Cancellation Policy

Please see the host sites policies for refunds and cancellations.

You must review level 2 driving criteria prior to attending the certification

This is located in the PATH Intl. Driving Certification Booklet located on the PATH Intl. web site on the driving instructor page. in the following link:
http://www.pathintl.org/PDFfiles/INST/2008Certification_DrivingInstructorApplicationBooklet08.pdf

PATH Intl. Driving Certification Level 1 to Level 2 Participant Application



Please type or clearly print in ink

Name _____ Date of Birth _____
Address _____ City _____ State _____
Zip/Postal Code _____ Profession _____
Height _____ Weight _____
Phone: Daytime _____ Evening _____ Cell _____
Fax _____ E-mail (required) _____

I wish to attend the PATH Intl. Interactive Vaulting offered on the following: (fill in blank and check participation type)

Date & Location: _____ as a: Workshop Participant Auditor

Travel & Lodging Information and schedule will be included with confirmation email

All Participants: (*Workshop Participants and Auditors*)

- I am at least 21 years of age
- I am a current PATH Intl. Individual Member or have included the Nonmember Application Fee below
PATH Intl. Member # _____
- I have read and signed the enclosed forms
- I currently hold a Driving Level 1 Instructor Certification
- I require wheelchair accessible facilities, or I will bring an assistance animal, or other

I am a PATH Intl. Member:

- I have enclosed payment
- I am a current PATH Intl. Driving Level 1 Instructor

I wish to pay by:

- Check (Make payable to PATH Intl. in U.S. Funds) Check # _____
- VISA MasterCard American Express

Name as appears on Card _____

Credit Card Number _____ Expiration Date _____

Applicants Signature _____ Date _____

**Please mail or fax complete application to: PATH Intl., P.O. Box 33150, Denver, CO 80233 FAX: (303) 252-4610
Email confirmation will be sent after application is processed. Thank you!**

PATH Intl. Driving Instructor Self Evaluation

(Please attach another sheet if necessary)



Name _____ PATH Intl. Member # _____

1.) Please describe your current driving activity and skills including horses, vehicles, and number of sessions:

2.) How many hours of driving instruction has the applicant completed?

3.) What are your goals for driving (why do you drive)?

4.) What do you consider your strengths and weaknesses in yourself and driving?

5.) What are you doing to improve your driving skills?

6.) Evaluate your knowledge of horses and horsemanship:

7.) Evaluate your understanding of individuals with disabilities and driving (please attach extra sheets if needed):

Print Name: _____ Signature: _____ Date: _____

Driving Instructor Resume

Name _____ PATH Intl. Member # _____

Address _____

Phone: Daytime _____ Evening _____ Cell _____

Fax _____ E-mail (required) _____

Are you a licensed therapist? PT _____ OT _____ Other Therapist _____

Is your PATH Intl. Individual Membership current? Yes No

If affiliated with a PATH Intl. center, list name: _____

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 _____ Number of years driving _____ Owning a Horse _____

Number of years giving riding instruction _____ Number of years giving driving instruction _____

Type of instruction _____ Pony Club level _____ 4-H level _____

Your Equestrian (Riding) Experience: _____

Driving Experience: _____

- 25 hours must have been with an instructor or taught at a clinic offered to the public, letter of proof included
- Total number of horses: _____ # of ponies: _____ # of draft: _____ # of minis: _____ # of other: _____
- List types of vehicles: _____
- Type of driving (circle all that apply): ring, road, fields, wagons, trains, pleasure drives, pleasure shows, CDE, arena, trials, harness racing, rental, hacks, coaching, demonstration, other please list: _____

For those circled above please complete the following (use back of form if more room is required):

What type of driving: _____ Number of years driving: _____

Number of times per week: _____ Approximate time of each session: _____

EXPERIENCE TEACHING RIDERS/DRIVERS WITH DISABILITIES

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

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

ADDITIONAL INFORMATION

Professional organizations of which you are a member _____

Articles/books/lectures you have done _____

Print Name: _____ Signature: _____ Date: _____



PATH Intl. Driving Workshop Liability Release Form

(Participant's Name) _____ would like to participate in the Professional Association of Therapeutic Horsemanship International (PATH Intl.) Driving Workshop. I acknowledge the risks and potential for risks of working with and around horses or ponies. However, I feel that the possible benefits to myself/ my son/my daughter/my ward are greater than the risk 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 the PATH Intl., its board of directors, aides, volunteers and/or employees and workshop/certification faculty for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in the PATH Intl. Driving Workshop.

Signature _____ Date _____
(Participant, Parent or Guardian)

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 _____

PATH Intl. Driving Workshop

Authorization for Emergency Medical Treatment Form

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in the Professional Association of Therapeutic Horsemanship International (PATH Intl.) Driving Workshop, or while being on the property of the host facility, I authorize the PATH Intl. Faculty to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant's Name _____

Address _____

City/State/Zip _____

In the event that I cannot be reached, please contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Consent Signature: _____ Date: _____

(Participant, Parent or Guardian)

Print Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

PATH Intl. Driving Workshop

Authorization for Emergency Medical Treatment Form (Continued)

Non-Consent Plan

I do not give my permission for emergency medical treatment/aid in the case of illness or injury during the process of participating in the PATH Intl. Driving Workshop or while being on the property of the host facility. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent/Consent Signature: _____ Date: _____
(Participant, Parent or Guardian)

Print Name: _____ Phone: _____

Address: _____ City/State/Zip: _____