In recognition that PATH Intl. Registered Therapeutic Riding Instructor certification candidates will continue to face reduced opportunities to complete certification testing as a result of the COVID-19 pandemic, PATH Intl. has made the following decision:

PATH Intl. Registered Therapeutic Riding Instructor certification candidates who possess documentation of ALL of the following will be permitted to submit video demonstrations to complete initial certification testing and/or to resubmit for both components of certification:

a) successful completion of a PATH Intl. Registered Therapeutic Riding Instructor workshop or equivalent (includes a PATH Intl. Approved Training Course (ATC) or PATH Intl. Higher Education program),
b) a valid IT or resubmission letter, and
c) twenty-five (25) valid teaching hours under the supervision of a PATH Intl. Certified Riding Professional.

Each candidate will be required to submit two videos on the same date and no later than June 30, 2021, as follows:

1. Video of the candidate performing the approved riding pattern (or instructing a volunteer rider through the pattern if a riding accommodation has been granted).
2. Video of the candidate conducting a 20-minute therapeutic riding lesson with two riders with diagnosed disabilities.

Parameters for video submissions:

- Candidates must complete payment of the certification candidate fee ($160 for participating, professional or professional plus members and $80 for higher education student members or PATH Intl. Approved Training Course graduates) before their videos will be evaluated.
- Videos must be uploaded to YouTube or Vimeo with a unique link for each demonstration.
- The candidate’s face must be clearly visible during the introductions and at several points during the demonstrations.
- Videos must be clearly audible and visible.
- Each video must be a continuous recording (NOT edited).
- An introduction of the candidate by first and last name and introduction of the riders by first name must be included.
- All mounted riders must wear helmets complying with PATH Intl. Standard *A32
- All mounted riders must use stirrups and/or footwear complying with PATH Intl. Standard *MA3
- The riding area must meet the requirements listed in the current PATH Intl. Standards for Certification and Accreditation manual.
- All gates must be securely closed during the riding activities.

Updated October 1, 2020
All candidates submitting videos will be required to complete all of the candidate paperwork provided in this video submission eligibility packet. Candidates may submit their completed paperwork and video links by email to candidateresubmission@pathintl.org or by mail to PATH Intl., 8670 Wolff Ct. #210, Westminster, CO 80031.

PATH Intl. expects that all proper precautions will be taken to prevent the spread of illness (specifically COVID-19) before, during and after filming activities. This includes:

- Compliance with any orders or restrictions as mandated by local, regional or state authorities.
- A process to clean all surfaces of the tack and equipment used is defined prior to filming.
- NO filming activities can be conducted during the period(s) PATH Intl. has suspended on-site certification activities. Please verify if PATH Intl. events are suspended by visiting the PATH Intl. online events calendar.
- NO individuals experiencing symptoms related to COVID-19 or the coronavirus can be included in the filming activities.
- The number of individuals convened for the activities does not exceed recommendations from the Centers for Disease Control (CDC) nor violate any mandates by local, regional and/or state authorities in place at the time of filming.
- ALL individuals included in the filming activities must follow recommended precautions from the CDC and/or local health agencies in regards to personal safety. This includes wearing masks when not able to socially distance.

PATH Intl. reserves the right to request documentation demonstrating/describing how candidates are complying with the above precautions.

Parameters for resubmission:

- Candidates found not to meet criteria for one component will follow the standard video resubmission process. These candidates will be allowed a total of four attempts at certification testing.
- Candidates found not to meet criteria for both components either following video submission or an on-site certification event can resubmit via video per the parameters described in this document. Each time a candidate is found not to meet criteria for both components, they must also supply documentation of an additional 10 hours teaching therapeutic riding lessons before their video resubmission will be accepted. These candidates will be allowed a total of three attempts at certification testing.
NOTE: The information in this packet is for PATH Intl. Registered Therapeutic Riding Instructor candidates completing EITHER initial certification OR initial resubmission for both the riding and teaching components following one unsuccessful attempt at on-site certification.

If you are completing resubmission for a second or third time, please refer to the video resubmission paperwork provided with your results letter(s). This packet DOES not include the correct paperwork for second or third resubmissions.
PATH INTL.

2020 REGISTERED THERAPEUTIC RIDING INSTRUCTOR CERTIFICATION VIDEO SUBMISSION APPLICATION

- UPDATED OCTOBER 1, 2020 -

NOTE: June 30, 2021 is the LAST DATE that video submission applications will be accepted.

Name of Candidate: _______________________________ PATH Intl. Member ID: __________________

Address: __________________________________________

City: __________________ State: ________ Zip: ____________

Preferred Phone: (_____) __________________ Email (required): ______________________________

Entire checklist must be completed to be eligible for video submission:

1. ☐ I am at least 18 years of age.

2. ☐ I am a current PATH Intl. Individual member. Membership# ________________

3. ☐ I have included front and back copies of my current first aid and adult and child CPR cards.

4. ☐ I have included a copy of my instructor in training letter issued by PATH Intl.

   OR

   ☐ I have included a copy of my resubmission letter issued by PATH Intl.

5. ☐ I have included documentation of my 25 group teaching hours supervised by a PATH Intl. Certified Riding Professional.

6. NOTE: One of the following is REQUIRED – if you have not completed the PATH Intl. Registered Instructor workshop or an equivalent, you are NOT ELIGIBLE for video submission.

   ☐ I have included a copy of my certificate of completion for the PATH Intl. Registered Instructor workshop.

   OR

   ☐ I have included proof of successful completion of a course of study at a PATH Intl. Higher Education Institution or PATH Intl. Approved Training Course.

_____ I agree to pay the video submission fee as indicated below and understand that my video demonstrations will not be evaluated until all of my candidate paperwork and payment is received by PATH Intl.

☐ $160 for PATH Intl. participating, professional or professional plus members

☐ $80 for PATH Intl. Higher Education Student members or PATH Intl. Approved Training Course graduates

I wish to pay by (check one):

☐ Online invoice (payable via your portal at pathintl.org) ☐ Check enclosed (make payable to PATH Intl.)

Please mail or email this completed form to PATH Intl.

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

Certificationrequirements@pathintl.org
### PATH Intl. Registered Instructor

**DOCUMENTATION OF GROUP TEACHING HOURS**

Additional forms may be used for additional hours and/or mentors.

Name of Candidate: ________________________________  Member#: ________________________________

Address: __________________________________________

City: ________________________________  State: ________________________________  Zip: ________________________________

Phone: Day (___)  Evening (___)  Email: ________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Location/Organization</th>
<th>Discipline (Western/English/etc.)</th>
<th># of riders in group</th>
<th>Supervising PATH Intl. Certified Riding Professional’s Name and PATH Intl. # (required)</th>
<th>Hours</th>
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</table>

**TOTAL HOURS**  
(minimum of 25 overall)

I, ________________________________, verify that ________________________________ has practiced emergency response procedures, including demonstration of an emergency dismount.

- [ ] I have confirmed that the PATH Intl. membership AND certification of each PATH Intl. Certified Riding Professional signing off on my hours are current and acknowledge this form is not valid without the certified riding professional’s member ID(s).

**I hereby affirm that the information recorded above is accurate and factual.**

Instructor Candidate’s Signature: ________________________________  Date: ________________________________

Certified Riding Professional’s Signature(s): ________________________________  Date: ________________________________

Certified Riding Professional’s Signature(s): ________________________________  Date: ________________________________
Instructor candidate’s name: ___________________________ Date of birth: __________
Name of reference: ___________________________ Date of birth: __________
Address: ___________________________ City: __________ State: __________ Zip: __________
Phone Day: ___________________________ Evening: ___________________________

In what capacity do you (the reference) know the candidate?

How many hours of lesson instruction has 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 necessary):

Signature of reference: ___________________________ Date: __________
NOTE: Reference cannot be related to the candidate nor be the same individual as the personal reference.

Instructor candidate’s name: ____________________________________________ Date of birth: __________
Name of reference: __________________________ Address: __________________________
Date of birth: __________ City: __________ State: __________ Zip: __________
Phone Day: __________________________ Evening: __________________________

In what capacity do you (the reference) know the candidate?

How many hours of lesson instruction has 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 necessary):

Signature of reference: __________________________ Date: __________
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.

Instructor certification candidate’s name: ____________________________________________

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 opportunities for improvement as a therapeutic riding instructor.
**PATH Intl. Mandatory Standards**

- Close the gate/s once riders are all mounted in the arena.
- Correct use of safety stirrups with appropriate footwear.
- Properly fitted ASTM-SEI approved helmets on every rider.
- Do not attach a rider to an equine/saddle in a manner that would not allow him/her to fall free from the equine.

**To Summarize:**

Meeting the PATH Intl. Registered Therapeutic Riding Instructor Criteria

**Riding**

Demonstrate:

- Correct posture & alignment
- Consistent control of the equine
- Secure seat
- Balance
- Straightness
- Bending
- Appropriate warm-up of the equine
- Posting on the correct diagonal
- Correct canter leads
- Smooth transitions
- Independent aids

**Automatic “Does not meet criteria”**

- Not closing the gate/s once riders are all mounted in the arena.
- Lack of safety stirrups with inappropriate footwear OR incorrect use of safety stirrups with inappropriate footwear.
- Lack of properly fitted ASTM-SEI approved helmets on any rider.
- Attaching a rider to a horse/saddle in a manner that would not allow him/her to fall free from the horse.
- No riding skill taught.

**Teaching**

- Teach a safe and effective lesson, respectful of both the disabilities and abilities of the riders.
- Teach to the group.
- Teach a riding skill vs. activity.
- Demonstrate knowledge (communicate HOWs and WHYs, effective posture & positional corrections as needed, specific/accurate praise, follow PATH Intl. standards, etc.).
- Show awareness and follow-through to achieve improvement.
- Promote independence safely.
RIDING COMPONENT

WARM-UP: Demonstrate a minimum of the walk, jog/trot and lope/canter in both directions while meeting the registered horsemanship and riding criteria. Additional components within the warm-up are at the discretion of the candidate and designed to reflect your ability to recognize the horse's needs in the warm-up.

RIDING PATTERN: Execute the following pattern to demonstrate your riding skills, including correct position, consistent straightness of horse on straightaways, bending of the horse through corners, effective use of all aids, and appropriate light contact at all gaits. Memorization of the pattern is not necessary—you may choose to select a person present at certification to call the pattern to you and you will not be penalized for going off course, but you may be asked to repeat any missed segments. Pursuant with PATH Intl. standards, all riders must wear an appropriately fitted ASTM/SEI approved helmet. All riders, no matter the discipline, must post on the correct diagonal.

1. Halt. Proceed at the walk.
2. Posting trot
3. Change rein across the diagonal at the posting trot
4. Change rein across the diagonal at a sitting trot/jog
5. Canter/lope right rein
6. Posting trot: large half circle to the right then to the left
7. Canter/lope left rein
8. Sitting trot/jog in a large circle
9. Sitting trot/jog
10. Walk forward into the center of the arena
11. Halt and back 3-4 steps in center of arena
12. Walk forward, halt and dismount in center of arena

Updated 1/2018
PATH Intl. Registered Therapeutic Riding Instructor Certification Program

2020 Video Submission Checklist

I have uploaded my video to YouTube or Vimeo and emailed the direct link to PATH Intl. and verify that:

☐ The video is clearly audible.
☐ The video is clearly visible and is one continuous recording (NOT edited).
☐ An introduction of me, the candidate, by first and last name and the riders by first name is included.
☐ My face is clearly visible during the introduction.
☐ A photo copy of my driver’s license or other government issued photo ID is included.
☐ Copies of my current Adult & Child CPR and First Aid certifications are included.
☐ The mount/dismount is shown for both:
  ☐ Riding      ☐ Teaching

☐ The warm-up shown for both:
  ☐ Riding      ☐ Teaching

☐ All mounted riders are wearing helmets complying with PATH Intl. Standard *A32:
  Type of helmets: ________________________________

☐ All mounted riders are using stirrups and/or footwear complying with PATH Intl. Standard *MA3:
  Type of stirrups: ________________________________

☐ I have included the rider profiles and a copy of my lesson plan.
☐ The riding arena meets the requirements listed in the current PATH Intl. Standards Manual.
☐ All gates are securely closed during the lesson.
☐ I have kept a copy of my video.

I understand:
  • I have until June 30, 2021 to complete video resubmission(s). _________
    (initials)
  • If my video demonstration is found to meet criteria, I must complete transition to the PATH Intl. Certified Therapeutic Riding Instructor credential no later than June 30, 2021. _________
    (initials)
  • If my video demonstration is found NOT to meet criteria and I cannot complete resubmission by June 30, 2021, I must apply to the PATH Intl. Certified Therapeutic Riding Instructor certification program to earn certification. _________
    (initials)

Signature: ____________________________ Date: ____________________________
PATH Intl. Registered Therapeutic Riding Instructor Certification Program

Video Requirements

Please follow the instructions below only for the component that you are submitting by video.

Technical Specifications

- Videos must be submitted via YouTube or Vimeo and the direct link emailed to PATH Intl. at bmacevak@pathintl.org.
- **PATH Intl. does not accept hard copy DVD’s.**

Candidate’s Riding Demonstration

Demonstrate your riding ability. Follow requirements below:

- One continuous recording. PATH Intl. will not accept videos that have been edited to cut content or are multiple demonstrations spliced together.
- ALL riders must wear an ASTM/SEI approved helmet.
- ALL riders must demonstrate ALL components of the riding pattern – walk, jog/trot posting on the correct diagonal, canter/lope, halt, back, and dismount – regardless of discipline or style of riding. See complete riding criteria in the instructor criteria booklet.
- This riding pattern demonstration should be about five minutes, but must include a warm-up and the riding pattern. After an introduction with your face clearly visible and a brief warm-up, execute the enclosed pattern to demonstrate your riding skills using an area in the arena that meets PATH Intl. standards and is easily visible. Including warm-up, the video should not exceed 10 minutes.
- **It is important to note that the evaluator can only grade on what they can see demonstrated in the video.** Visual and audio quality may affect the evaluator’s ability to accurately grade the video.
- All gates must be closed.
- The riding area must be cleared of obstacles.

Instruction of Riders with Disabilities

Demonstrate your ability to instruct a group of riders with disabilities. Follow requirements below:

- Be one continuous recording for 20-25 minutes. PATH Intl. will not accept videos that have been edited to cut content or are multiple demonstrations spliced together.
- ALL riders must wear an ASTM/SEI approved helmet.
- Contain at least 2, and not more than 4, riders with disabilities
- Clearly indicate the name of the horses and riders on the video
- Include riders that reflect the types of special needs 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
- Suggested components of a lesson include: introduction, one mount, warm-up/exercise, riding skill instruction, age appropriate game/activity, and one dismount
- Please be sure to clearly teach all **whats, hows and whys** necessary for your riding skill
- **It is important to note that the evaluator can only grade on what they can see demonstrated in the video.** Visual and audio quality may affect the evaluator’s ability to accurately grade the video.
- Volunteer management must be demonstrated in order to be scored in the final evaluation. If volunteers are not needed to directly support the riders, the candidate may choose to instruct volunteers to engage with the riders at a distance. (For example, changing position in the arena or providing specific cues to the riders as part of lesson activities.) Candidates may also choose to utilize center/program staff as the volunteers.
- Subtitles are acceptable, dubbed over audio is not acceptable.
- All gates must be closed.
- The riding area must be cleared of obstacles.
- Use of wireless microphones is strongly encouraged.

**NOTE: Refer to complete listing of the criteria to be evaluated in the Registered Instructor Criteria booklet.**
# PATH Intl. Registered Therapeutic Riding Instructor Certification Program

## Class Rider List

**Instructor’s Name ___________________________**
**PATH Intl. Member # ________________________**

**Therapist’s Name (if applicable) ____________________________**

**Involvement with these riders (if applicable) ____________________________**

Please complete the following for each rider:

<table>
<thead>
<tr>
<th>Rider 1</th>
<th>First Name</th>
<th>Disability</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Age</td>
<td>Horse</td>
<td>Began Riding</td>
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<td>Sp. Equip.</td>
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<tr>
<td>Type of Helmet</td>
<td>Type of Stirrups</td>
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<tr>
<td>Individual Long-Term Goals</td>
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<th>Rider 2</th>
<th>First Name</th>
<th>Disability</th>
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<tr>
<td>Age</td>
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<td>Began Riding</td>
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<tr>
<td>Type of Helmet</td>
<td>Type of Stirrups</td>
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<tr>
<td>Individual Long-Term Goals</td>
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<th>Rider 3</th>
<th>First Name</th>
<th>Disability</th>
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<td>Age</td>
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<td>Type of Helmet</td>
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<td>Individual Long-Term Goals</td>
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<th>Rider 4</th>
<th>First Name</th>
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<tr>
<td>Age</td>
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<td>Began Riding</td>
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<td>Sp. Equip.</td>
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<td>Type of Helmet</td>
<td>Type of Stirrups</td>
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<td>Individual Long-Term Goals</td>
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</table>
Instructor’s Name: ___________________________ PATH Intl. Member #: __________________

Objective of Lesson:
(Objectives should include a riding skill and must be written in terms that describe observable behavior that can be measured.)

Instructor Preparation and 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.)
PATH INTL. PHOTO RELEASE FORM

For PATH Intl. Records:

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, the PATH Intl. website, exhibitions or for any other use for the benefit of PATH Intl. and equine-assisted activities.

Candidate’s Signature________________________________________ Date ______________________

Name (printed) ____________________________________________________________

Name of person(s) in photo____________________________________________________

Address _____________________________________________________________________

City____________________________________ State ___________ Zip _______________

Phone/email ________________________________________________________________