



Colorado Therapeutic Riding Center, Inc.

11968 Mineral Road | Longmont, CO 80504

(303) 652-9131 | FAX (303)652-2072 | www.ctrinc.org

Dear PATH Intl. On-Site Registered Instructor Workshop and Certification Prospective Participant:

We at the Colorado Therapeutic Riding Center are very excited to be hosting a PATH Intl. On-Site Registered Instructor Workshop and Certification on [March 21 – March 24](#).

Registration deadline is [February 18, 2012](#) and there is no late registration for certification candidates. PLEASE NOTE *that we are unable to provide refunds except in the case of documented illness or injury*. We register candidates on a first-come, first-serve basis. Candidates are accepted in this order:

- 1.) Candidates who register/pay for both this Workshop and Certification with their PATH Intl. Confirmation of Instructor in Training Status letter AND return their Phase II packet of forms with payment;
- 2.) Candidates who register/pay for both this Workshop and Certification with their PATH Intl. Confirmation of Instructor Training Status letter AND who commit to returning their Phase II packet of forms, including copies of your PATH Intl. Membership card, CPR and First Aid cards that are current as of this Certification date by February 18, 2011 If you do not return all documentation by February 18th, you will be unable to attend the Certification and you will not be refunded for your Certification fee. You may still attend the workshop.
- 3.) Candidates who wish to attend the Certification only will be considered as the Certification date draws near. Please contact me if you are interested in this option. If you are resubmitting for any portion of the Certification, you must include your resubmission paperwork from PATH Intl.

Please be advised that we may hold part of the Workshop outdoors (weather permitting), and you will be handling and possibly riding horses, so dress accordingly. We will hold the Workshop regardless of weather and utilize our indoor arena if needed. CTRC is a smoke free environment. As a reminder, children and dogs are not permitted at the Workshop or Certification.

Please note that Certification candidates will be required to ride. CTRC horses can accommodate riders up to 200 pounds. The riding tests will be scheduled after the registration deadline and/or paperwork is returned to CTRC depending on how many Certification candidates are registered. The teaching component of the Certification is scheduled for Saturday. Candidates will prepare a lesson plan and teach a class of two riders who have mild physical and/or cognitive disabilities. Rider assignments will be given ahead of time to allow candidates to review files and develop lesson plans.

Directions to CTRC are included below with a sample schedule that you should review for additional information. Snacks and drinks, light breakfast fare and lunches will be served during the Workshop. There are dozens of motels/hotels in the Longmont area. A great source for detailed hotel information in the area is <http://hotel-guides.us/colorado/longmont-co-hotels.html>. CTRC is located on Highway 52, 1 ½ miles east of Highway 287. Hampton Inn (303-772-2554) is the closest motel and generally offers a 10% discount to CTRC participants. Denver International Airport is approximately 45 minutes southeast of CTRC, and Boulder is about 20 minutes from CTRC.

Please call me at 303-652-9131 or email me at loraine@ctrinc.org with any remaining questions. Thanks!

Sincerely,

Loraine O'Keefe
Program Director



Workshop & Certification Schedule: March 30th-April 2nd, 2011 (tentative)

(please plan to work with horses in all weather conditions)

Day 1

8:00-8:30	Registration
8:30-9:00	Workshop Objectives New Certification Criteria Review
9:00-10:30	Physical Disabilities
10:30-10:45	Break
10:45-12:15	Cognitive Disabilities
12:15-1:00	Lunch (provided by CTRC)
1:00-1:30	Intake forms New Rider Assessments
1:30-2:45	Posture & Alignment Show & Tell of Self-study Photos
2:45-3:00	Break
3:00-4:00	Horse Movement and Analysis
4:00-5:00	Tack and Equipment

Day2

8:30-9:00	Role of the Instructor
9:00-9:30	Class Structure & Lesson Plans
9:30-10:00	Goals & Objectives
10:00-10:15	Self-Study Lesson Plan Reviews
10:15-10:30	Break
10:30-11:15	Skill Progression
11:15-12:00	Task Analysis
12:00-1:00	Lunch (provided by CTRC)
1:00-1:30	What/How/Why & Learning Styles
1:30-2:15	Teaching Techniques
2:15-2:30	Break
2:30-3:30	Volunteers
3:30-4:50	Mount/Dismount
5:00-5:30	Write role play lesson plans

Day 3

8:30-9:00	Riding Videos
9:00-10:00	Role Play 1 & 2
10:00-11:00	Role Play 3 & 4
11:00-11:15	Break
11:15-12:00	Faculty Teaching Demonstration
12:00-12:30	Conclusion ("Workshop Only" Participants Are Free to Leave At 12:30)
12:30-1:00	Lunch (provided by CTRC)

Certification Candidates Only

1:00-2:00	Certification Candidates Q/A; draw teaching times; assign riding test time
2:30	riding test begin

NOTE: "Certification Only" candidates should arrive by 12:00 on Day 3 and may come earlier at the discretion of CTRC staff-please call ahead.

Day 4: Certification

Participants will draw their teaching time from a hat. Teaching times will be between 8 a.m. and 3 p.m.

Candidate's personal evaluation meetings (15 minutes) will be scheduled starting at 4 p.m.



Directions to Colorado Therapeutic Riding Center

11968 Mineral Road | Longmont, CO 80504
(303) 652-9131

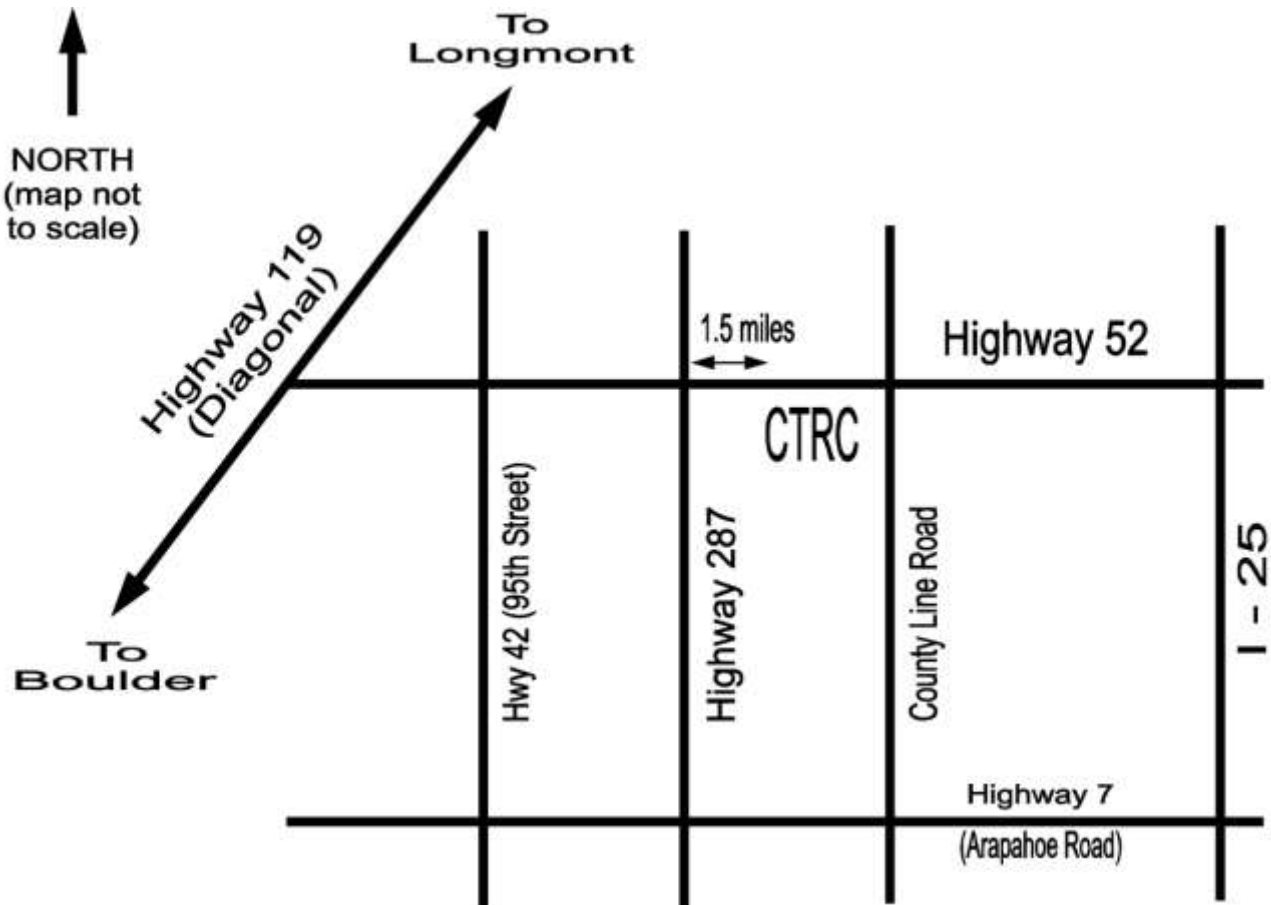
CTRC is located approximately 1.5 miles east of Highway 287 and 5 miles west of I-25 on Highway 52 (Mineral Road) in southeast Longmont. CTRC is on the south side of the road, one driveway east of The Tree Farm Nursery. You will see our large, beige facility from the road.

FROM DENVER:

I-25 North to Exit 235 (Ft. Lupton/Dacono). Turn West on Highway 52. Go approximately 5 miles. CTRC is on the left hand side of the highway/1 mile after the County Road #1 intersection/light.

FROM BOULDER:

Highway 119 North towards Longmont. Turn East at Highway 52 (also known as Mineral Road) by IBM. After crossing Highway 287, proceed 1.5 miles further. CTRC is on the right hand side of the highway just past the Tree Farm Nursery.





Welcome Candidate!

Welcome to the PATH Intl. Registered Instructor On-Site Certification Program! We applaud your commitment to gaining professional certification through our time-tested, high-standard testing process. Please make sure that you have completed Phase One of the PATH Intl. certification process prior to being evaluated at an on-site certification. All components of Phase One and Phase Two (the actual certification) will need to be successfully completed before you can become certified.

Purpose of Certification

The purpose of this certification is to ensure that all candidates wishing to become PATH Intl. Certified Instructors have the necessary experience and skills to meet PATH Intl.'s rigorous standards for teaching equine-assisted activities and therapies. Please refer to the PATH Intl. Registered Instructor Application booklet for a listing of all criteria for certified instructors. During the certification process you will be evaluated on both your horsemanship and teaching ability. The on-site learning and evaluation process is an effective method of certification, but we know this can also be a potentially overwhelming experience. The following packet is intended to provide you with guidance and information to help you arrive prepared for a positive and successful certification experience.

Workshop Portion

Throughout the workshop you will be provided with invaluable instruction, insight and teaching strategies from experienced professionals. The workshop will also incorporate hands-on activities, including role playing and live skill demonstrations. The workshop portion, which is required for certification, serves as an educational review of the criteria, but cannot and does not provide the sole education necessary to pass the certification. You must also complete an online instructor self-study course, and you will need to bring two items from this course to the on-site workshop: 1) your posture and alignment photographs, and 2) a sample lesson plan.

Certification Portion

The certification evaluation is where you will be tested on your teaching and riding abilities. Remember that both the teaching and the riding segments of the certification process require a certain degree of physical preparedness to complete. If you have any concerns regarding your ability to pass any component of the certification, based on physical or mental limitations due to disability, injury or a medical condition, please contact the PATH Intl. office directly to discuss the possibility of an accommodation. You should also contact the host site of your certification to inform them of your accommodation request so they may be prepared as well. *See Instructor Certification Process for Exception to Application Requirements.*

The Horsemanship Component of Certification

The riding test will be done after the workshop is complete, if the center is hosting both a workshop and a certification. The host site and the evaluators will decide the scheduling of this portion; it will either be at the conclusion of the second day of the workshop or on the morning of the certification day. Candidates will be assigned horses that meet their riding style and requirements. If candidates have specific horse needs, they should inform the host site representative prior to the riding portion. Candidates will assist in the grooming and tacking of their mounts, and will be evaluated on both the warm-up and the riding pattern.

The Lesson Component of Certification

Lessons will be randomly assigned and will be scheduled at half-hour intervals. The host site will provide each candidate with detailed rider profiles for two volunteer students the evening prior to the certification lessons, and the candidate's lesson plan should be developed based on these rider profiles. Candidates will then provide a lesson plan to the evaluators prior to the actual lesson. Each lesson will be 20 minutes long. This must include mounts, a class teaching an

equestrian skill, and dismounts. Candidates are responsible for ensuring that their horses, volunteers and arena are set up for the class. The host site will identify volunteer need, but candidates are responsible for checking with the host site representative to determine how these needs will be met and which equipment each rider typically uses. While every effort will be made by the host site to provide suitable riders, horses and volunteers, there is always the possibility that last-minute substitutions will need to be made. The host site will provide the candidate with all necessary information if such substitutions or changes occur. At the conclusion of the lesson, the candidate will need to complete the evaluation portion of the lesson plan and return it to the evaluators.

Evaluation of Candidates

Following the completion of the lesson component, the evaluators will meet to complete written reports on each candidate. This process takes several hours to complete, so be prepared to stay late or to meet the following day for your performance review, depending on what the host site and evaluators have scheduled for the event. Individual evaluation sessions will be scheduled at 15-minute intervals to review results with each candidate. Remember that all evaluations will be based on the criteria outlined for the PATH Intl. Registered Instructor Certification Program.

Again, congratulations on your hard work toward becoming a PATH Intl. Registered Instructor and thank you for your commitment to excellence during this process. We wish you the best of luck during your certification and look forward to counting you among our thousands of skilled and dedicated certified instructors!

Good Luck and Enjoy!

PATH Intl. Instructor Workshop and/or On-Site Registered Certification

Phase Two Workshop and/or Certification Form

Name: _____

Address: _____

Phone: Daytime: () _____ Evening: () _____ Cell: () _____

Fax: () _____ Email: _____

Please register me for the following: Both - Workshop & Certification Certification only

If you are participating in the Certification component, complete the following for the purposes of horse and tack selection.

For the riding demonstration portion of certification, please indicate the following:

Preferred seat: English Western Height: _____ Weight: _____

All participants of the Workshop and/or Certification must be PATH Intl. Individual Members.

Please use the forms provided. Incomplete Phase Two packets will not be accepted.

To be completed by all participants:

- I am a current PATH Intl. Individual member and have included a copy of my card. Membership # (required) _____
- I have enclosed my signed and dated PATH Intl. Liability Release and Emergency Medical Treatment Form.
- I have enclosed my signed and dated CTRC's Consent and Release Form and Confidentiality Form.
- I have enclosed the Workshop fee of \$450 if registered by February 18, 2012; \$475 if registering late. No refunds.

To be completed only by candidates applying for certification:

- I have enclosed the Registered Instructor On-Site-Certification fee of \$650 (includes workshop); \$350 (for certification alone) due by February 18, 2011. No Refunds.
- I am at least 18 years of age.
- I have enclosed copies of my current CPR and First Aid certification.
- I have completed Phase One of the Certification process through the PATH Intl. office.
- I have enclosed a copy of the Confirmation of Instructor-In-Training status letter from the PATH Intl. office verifying my successful completion of Phase One.
- I have applied for an exemption or accommodation through the PATH Intl. office and have enclosed a copy of the letter.
- I have enclosed the Documentation of Group Mounted Teaching Hours form.
- I have enclosed this Registration form.
- I have enclosed the Resume form.
- I have enclosed the Personal Reference form.
- I have enclosed the Professional Reference form.
- I have enclosed the Essay Questions form.
- I have completed a PATH Intl. On-Site Workshop, or I will be attending the workshop scheduled with this certification.
If a PATH Intl. On-Site Workshop was previously attended, please indicate the date and location: _____
and include a copy of your Certificate.
- I understand that prior to the Workshop and/or Certification I will make a copy of all application materials to keep for my records.
- I understand that all components of the Certification process need to be completed before I can attend the certification.

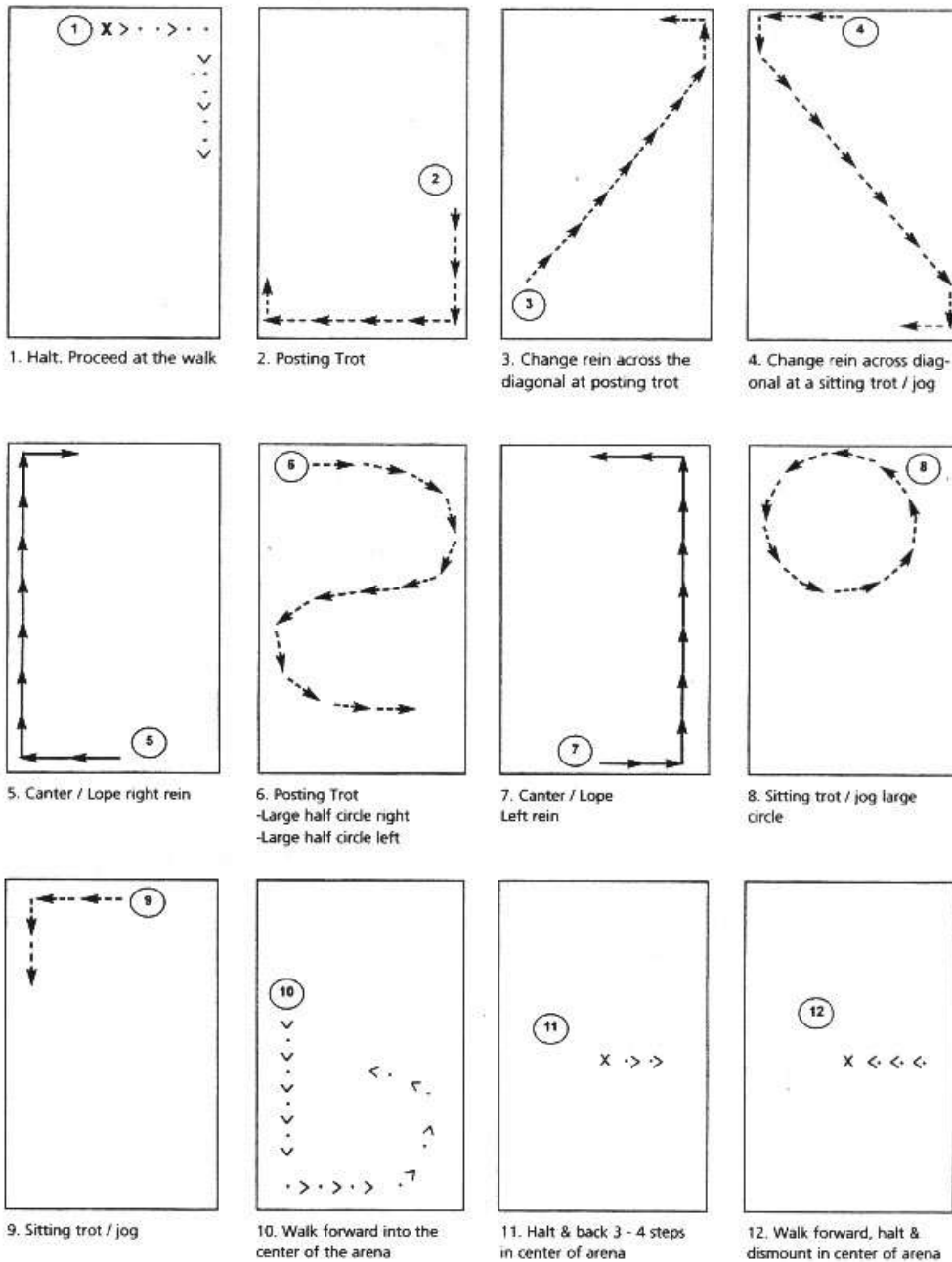
All application materials will be kept confidential and used for no other purposes than that required for PATH Intl. Instructor Certification.

PATH Intl. Instructor Workshop and/or On-Site Registered Certification 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, which includes:

- 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:



PATH Intl. Instructor Workshop and/or On-Site Registered Certification
Riding Instructor Resume

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Are you a PATH Intl. Individual member: Yes No

If affiliated with an operating center, list name: _____

EDUCATION

High School: _____ Year: _____ Diploma: _____

College or Vocational: _____ Year: _____ Diploma: _____

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 _____	<input type="checkbox"/>

ADDITIONAL INFORMATION

Professional organizations of which you are a member: _____

Articles/books/lectures you have done: _____

Signature: _____ Title: _____ Date: _____

PATH Intl. Instructor Workshop and/or On-Site Registered Certification
Personal Reference

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

Instructor Certification Candidate's Name: _____

Name of Reference: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day: _____ Evening: _____

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: _____

PATH Intl. Instructor Workshop and/or On-Site Registered Certification

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: _____ Zip: _____

Phone: Day: _____ Evening: _____

In what capacity does 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 needed)

Signature of Reference: _____ Date: _____

PATH INTL. Instructor Workshop and/or On-Site Registered Certification
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.

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. Instructor Workshop and/or On-Site Registered Certification
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 PATH Intl. Instructor Workshop and/or On-Site Registered Certification Program, or while being on the property of the hosting PATH Intl. Center, I authorize the PATH Intl. Registered On-Site Faculty/Evaluators 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: _____

Print Name: _____ Phone: _____

Address: _____

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. Registered On-Site Certification process or while being on the property of the hosting PATH Intl. Center. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Consent Signature: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

PATH Intl. Instructor Workshop and/or On-Site Registered Certification
Liability Release Form

I, _____, (*Candidate Name*) would like to participate in the PATH Intl. Instructor Workshop and/or On-Site Registered Certification. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to me 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 PATH Intl, it's Board of Trustees, employees and Faculty/Evaluators for any and all injuries and/or losses I may sustain while participating in the PATH Intl. Instructor Workshop and/or On-Site Registered Certification.

Signature: _____ Date: _____
(Candidate)

Many disabilities or injuries have accompanying conditions that pose special physical risks during exercise. Horseback riding is exercise, as are other activities involved in this Workshop and/or Certification, such as handling and working around horses. I understand that PATH Intl. and the Host Site recommends that I seek the advice of a physician before participating in activities that involve exercise, riding, handling or being near horses.

I understand that if I have a disability/disabilities, injury or physical condition that might affect my ability to ride, handle, or be around horses at the PATH Intl. Instructor Workshop and/or On-Site Registered Certification, I will need to apply for an exemption or accommodation as outlined in the Accommodation or Exemption Policy.

Signature: _____ Date: _____
(Candidate)



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PARTICIPANT'S CONSENT & RELEASE FORM

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while participating in the services of, or while being on the property of, the Colorado Therapeutic Riding Center (CTRC), I authorize CTRC to secure and retain medical treatment and/or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x-ray, surgery, hospitalization, and medication. In addition, I authorize CTRC to release my/my child/my ward's records to any individual involved in medical treatment and/or necessary transportation.

Participant's Name _____

In case of emergency, contact _____ Phone _____

or contact _____ Phone _____

or contact _____ Phone _____

Physician's Name _____ Phone _____

Health Insurance Name *(optional)* _____ Policy # _____

Date _____ Participant Signature _____

LIABILITY RELEASE: *Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.*

_____ *(Participant's name)* would like to participate in the Colorado Therapeutic Riding Center's (CTRC) program. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/my child/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors and/or administrators, waive and release forever all claims for damages against CTRC, its Board of Directors, Advisory Board, Instructors, Therapists, Aides, volunteers, employees, agents, and representatives of any kind for any and all injuries, damages, claims, demands, causes of actions, law suits, and/or losses I/my child/my ward may sustain while participating in CTRC's program.

Date _____ Participant's Signature _____

PHOTO & PUBLICITY RELEASE (Optional): I hereby consent to and authorize the Colorado Therapeutic Riding Center to use my/my child's/my ward's name in all audio, visual and written promotional material and to use and/or reproduce any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____ Participant's Signature _____



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CONFIDENTIALITY POLICY

The Colorado Therapeutic Riding Center, Inc. (CTRC) recognizes the right of participants/riders and their families to have privacy and control over any information that might be personal or sensitive. In order to respect that right, CTRC has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in any way connected with CTRC, including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination to legal action.

Information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, CTRC staff, volunteers or others association with CTRC, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the proper legal representative. Adults age 18 and over with development disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such a case, a substitute decision-maker would be assigned, and any consent must be obtained from that decision-maker.

I have read and understand the CTRC confidentiality policy as described above and agree to observe its principles.

Date: _____ Name: _____

Signature: _____