

# THE COUNCIL FOR EDUCATION AND CERTIFICATION IN THERAPEUTIC HORSEMANSHIP QUALIFIED INSTRUCTOR APPLICATION

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Best phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Program Information**

Program Name: \_\_\_\_\_

Program Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Dates and Times of Operation: \_\_\_\_\_

\_\_\_\_\_

Number of Participants: \_\_\_\_\_

Abilities Served (check): Intellectual: \_\_\_ Emotional: \_\_\_ Learning Disability: \_\_\_ Autism: \_\_\_

Physical: \_\_\_ Mental Health: \_\_\_ Other: \_\_\_ describe: \_\_\_\_\_

Are horses owned, leased, loaned, etc.: \_\_\_\_\_

Does the program have liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Company: \_\_\_\_\_

**Applicant Information**

Are you responsible for care and or training of horses? Yes \_\_\_\_ No \_\_\_\_

How long have you been teaching riding? \_\_\_\_\_ Therapeutic riding? \_\_\_\_\_

Are you a program employee or a volunteer? \_\_\_\_\_

Are you responsible for training the volunteers? \_\_\_\_\_

When did you complete Phase 1 and II? \_\_\_\_\_

Is your CECTH membership current? Yes \_\_\_\_\_ No \_\_\_\_\_

Use additional paper if needed for the following questions.

List training classes/courses you have attended:

Describe your program responsibilities:

Describe why you became involved in teaching equine assisted activities: