

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: