



CERTIFICATION PROGRAM REGISTRATION FORM

This form is to be used for registration for all levels of CanTRA Certification.

Name: _____ Date of Birth: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ E-mail: _____

First Language English French
Language(s) Spoken: English French Bilingual
Language(s) Written: English French Bilingual

Are you a current member of CanTRA? Yes No

CERTIFICATION REGISTRATION:

Please check the certification level for which you are registering:

- Canadian Therapeutic Riding Assistant Instructor (CTRAI)*
- Canadian Therapeutic Riding Intermediate Instructor (CTRII)*
- Canadian Therapeutic Riding Instructor (CTRI)*

EXPERIENCE/QUALIFICATIONS:

Level of CanTRA Certification already achieved:

- | | | |
|--------------------------------|---|-------------|
| <input type="checkbox"/> CTRAI | <input type="checkbox"/> Technical Evaluation | Year: _____ |
| | <input type="checkbox"/> Examination | Year: _____ |
| <input type="checkbox"/> CTRII | <input type="checkbox"/> Examination | Year: _____ |
| <input type="checkbox"/> CTRI | <input type="checkbox"/> Technical Evaluation | Year: _____ |
| | <input type="checkbox"/> Examination | Year: _____ |

Equine Canada Rider Levels (please check highest level achieved):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Rider 1 | <input type="checkbox"/> Rider 2 | <input type="checkbox"/> Rider 3 | <input type="checkbox"/> Rider 4 |
| <input type="checkbox"/> <i>English</i> | <input type="checkbox"/> <i>English</i> | <input type="checkbox"/> <i>English</i> | <input type="checkbox"/> <i>English</i> |
| <input type="checkbox"/> <i>Western</i> | <input type="checkbox"/> <i>Western</i> | <input type="checkbox"/> <i>Western</i> | <input type="checkbox"/> <i>Western</i> |

English: Rider 5 Rider 6 Rider 7 Rider 8 Rider 9 Rider 10

Equine Canada Intermediate/Instructor Levels (please check all that apply):

- Western Intermediate* English Basic Instructor (Entry Level)

* *Please submit information re: parts passed for Western Intermediate Level.*

Equine Canada Coaching Levels (please check highest level achieved):

- Coach 1 Coach 2
 English *English*
 Western *Western*

Canadian Pony Club:

- Level C Level C1 Level C2 Level B Level B2
 Level HA Level RA

Other Qualifications (equestrian/medical):

Therapeutic Riding Program Experience:

Affiliated Therapeutic Riding Program: _____

Type of Involvement:

- Volunteering (specify): _____
Average Number of Hours/Year: _____ Number of Years: _____
 Instructing No. of Students at a time: _____ Total Students: _____
Average Number of Hours/Year: _____ Number of Years: _____

List any workshops, clinics or lectures you have attended with respect to therapeutic riding, instructor/coaching development or skills in working with individuals with specific disabilities.

Workshops/Clinic/Lecture	Year	No. of Hours

Mentoring:

- I will need assistance finding a Mentor I have a Mentor

Mentor's Agreement:

I have committed to acting as mentor to the above applicant, and I verify that the above information is correct, for the purposes of assisting the individual to achieve CanTRA certification and I verify that the information submitted is correct.

Name: _____ Signature: _____

Mentor's Qualifications: _____

Signature of candidate: _____ **Date:** _____

Individual Planning Information

1. Please put a check beside any manuals you already have:
 - Instructor Manual (white binder)
 - CTRAI Home Study (red soft cover)
 - CTRI Home Study (2 parts – 1 yellow soft cover; 1 light green soft cover)

2. How long do you anticipate you will need to complete this level of certification?
 - 6 months 12 months 18 months 24 months
 - Other (specify) _____

3. How do you wish to pay your tuition?
 - 1 time full payment by cheque 1 time full payment by credit card
 - invoice me monthly invoice me quarterly
 - charge my credit card monthly charge my credit card quarterly

CREDIT CARD PAYMENT INFORMATION

(If applicable)

- VISA MasterCard

Credit Card Information:

Name on Card: _____ Signature: _____

Card Number: _____ Expiry Date: _____

SEND TO:

CanTRA

**5420 Hwy. 6 North, Suite 11, R.R. #5
Guelph, Ontario, N1H 6J2**

Note: Timelines for completion of your certification, submission of pre-requisites and payment plans can be adjusted during your certification process by contacting the CanTRA office.

Nov. 21, 2007