CanTRA INSTRUCTOR UPDATING SUMMARY FORM

NAME: _____ □ **CTRBI** □**CTRBI-2** □ **CTRII** □ **CTRSI** □ **CTR Coach**

Email: _____ **phone #:**_____

Updating period: from:_____**to:**_____**(should total 3 years)**

DATE	NAME/PLACE OF COURSE	COURSE PRESENTER	DESCRIPTION OF COURSE	#HOURS THERAPEUTIC	#HOURS RIDING	#HOURS OTHER
e.g.	*'How to teach" West Wind Farm, Hamilton*	*Mary Smith, EC Coach 2*	*How to teach the correct seat to a beginner rider.*	*0*	*0*	*4*

Please send this form to CanTRA Certification Director at ctra1@golden.net along with proof of participation for each hour.