



CanTRA CERTIFICATION REGISTRATION FORM

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

Name: _____ Date : _____

Address: _____

City: _____ Province: _____ Postal Code _____ Phone: _____

E-mail: _____

Name of affiliated therapeutic riding program: _____

Name of your mentor: _____

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

Level of CanTRA Certification already achieved:

- CTRBI Technical Evaluation - Year _____ Examination – Year _____
- CTRBI-2 Technical Evaluation - Year _____ Examination – Year _____
- CTRII Technical Evaluation - Year _____ Examination - Year _____

Please check the certification level for which you are registering:

- Canadian Therapeutic Riding Basic Instructor (CTRBI)
- Canadian Therapeutic Riding Basic Instructor - 2 (CTRBI - 2)
- Canadian Therapeutic Riding Intermediate Instructor (CTRII)
- Canadian Therapeutic Riding Senior Instructor (CTRSI)

EXPERIENCE/QUALIFICATIONS REQUIREMENTS:

CTRBI & CTRBI-2 Applicant: *Please check box and provide ALL prerequisites (Refer to Instructor Manual, section A) with registration.*

- Standard First Aid & CPR
- English Rider Level 2, Western 1 or Pony Club C certificate
- 100 hours documentation of volunteer hours with CanTRA TR Program
- 20 hours mentoring
- Home Study & Review by Examiner
- Student Report and
- Lesson plan (choose any lesson plan from the Instructor Manual for this level)

CTRII Applicant if Already CTRBI or CTRBI - 2: *Please check box and provide prerequisites (Refer to Instructor Manual, section B) with registration.*

- Standard First Aid & CPR
- English Rider Level 3, Western 2 or Pony Club C certificate
- 20 hours mentoring (10 hours mentoring & 10 hours teaching groups)

CTRII Applicant if bypassing CTRBI: *Please check box and provide prerequisites (Refer to Instructor Manual, section B) with registration.*

- Standard First Aid & CPR
- English Rider Level 3, Western 2 or Pony Club C certificate
- 100 hours documentation of volunteer hours with CanTRA TR Program

CTRSI Applicant: *Please check box and provide prerequisites (Refer to Instructor Manual, Section C) with registration.*

- Standard First Aid & CPR
- EC Instructor of Beginners, Competition Coach, Western Coach 1 or higher EC levels
- 100 hours documentation of volunteer hours with CanTRA TR Program

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Other Qualifications

(equestrian/medical/teaching/training): _____

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

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 candidate to achieve CanTRA certification and I verified that the information submitted is correct.

Name of mentor: _____ **Mentor’s Qualifications:** _____

Mentor’s signature: _____ **Date:** _____

Candidate’s signature: _____ **Date:** _____

Certification fee table:

Certification Level	Total
CTRBI	\$1500.00
CTRBI – 2	\$1500.00
CTRBI – 2 (Already CTRBI)	\$ 480.00
CTRII (Already CTRBI or BI-2)	\$1300.00
CTRII (Without CTRBI)	\$1500.00
CTRSI	\$1565.00

SEND THIS DOCUMENT ACCOMPANIED BY ALL PREREQUISITES TO:
CanTRA Certification Administrator
ctra1@golden.net

If you need additional information, please contact Certification Administrator at (450) 556-1062.

Website

CanTRA maintains a list of its active instructors on its website and requires permission from all certified instructors to publish this information.

All certified instructors are required to give consent. Names will not be published without consent. Information posted will consist of the instructor's name, instructor level, and province. If at any time an instructor should wish to have their name removed from CanTRA's website, they should contact CanTRA at 519-767-0700 or ctra@golden.net .

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Consent Information:

Please choose one of the following options:

- I do not wish to have my information posted on CanTRA's website.
- I give my permission for CanTRA to post my name, instructor level and province on their website

Name (please print) _____ Signature _____
Date _____

**For questions regarding CanTRA's Privacy Policy, please contact
CanTRA 519-767- 0700
or by e- mail at ctra@golden.net**