

CERTIFICATION REGISTRATION FORM

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

Name:		Date of Birth:	
Address:		City:	
Province		Postal Code	
Telephone:		E-mail:	
First Language Language(s) Spoken: Language(s) Written:			
Are you a current membe	r of CanTRA?	□ Yes □ No	
CERTIFICATION REGIST	TRATION:		
Please check the certification	tion level for which you are	e registering:	
□ Canadian Therapeution	Riding Basic Instructor (C	CTRBI)	
 Canadian Therapeutic 	c Riding Basic Instructor - 2 c Riding Intermediate Instructor (c Riding Senior Instructor (uctor (CTRII)	
EXPERIENCE/QUALIFIC	ATIONS:		
Level of CanTRA Certificat			
	Technical EvaluationExamination	Year: Year:	
	□ Examination	Year:	
	Technical EvaluationExamination	Year: Year:	
CTRBI & CTRBI - 2 APPL	ICANT: Please check box	and provide prerequisites with registration	١.
	CPR 2, Western 1 or Pony Club tation of volunteer hours wi		
CTRII APPLICANT if Alrewith registration.	eady CTRBI or CTRBI - 2:	Please check box and provide prerequisi	tes
Standard First Aid &English Rider Level 3	CPR 3, Western 1 or Pony Club (10 hours mentoring & 10		
CTRII Applicant if bypas registration	sing CTRBI: Please check	box and provided pre requisites with	
	CPR 3, Western 1 or Pony Club ation of volunteer hours wi		
CTRSI APPLICANT: Plea	se check box and provide pre	erequisites with registration	
□ Standard First Aid &		-	

 $\ \square$ EC Instructor of Beginners, Competition Coach, Western Coach On or higher EC levels

□ 100 hours documentation of volunteer hours with CanTRA TR Program

Other Qualification	ns (equestrian/medical):			
				_
Therapeutic Ridin	g Program Experience:			
Affiliated Therapeutic	Riding Program:			_
Type of Involvement:				
Volunteerir	ng (specify):			
Avera	ge Number of Hours/Yea	r: Num	ber of Years:	
Instructing	No. of Students at a tim	e: Total	Students:	
Avera	ge Number of Hours/Yea	r: Numl	ber of Years:	
riding, instructor/coad disabilities.	linics or lectures you have thing development or skills	s in working with inc	lividuals with s	pecific
VV	orkshops/Clinic/Lecture)	Year	No. of
Mentoring:			ı	
□ I will need	assistance finding a Ment	or 🗆 I have a	Mentor	
Mentor's Agreemen	<i>t:</i>			
above information i	acting as mentor to the is correct, for the purpos rtification and I verify th	ses of assisting th	e individual t	0
Name:		Signature:		
Mentor's Qualification	s:			
Signature of candid	ate:	Dat	e:	

Individual Planning Information

1. Please put a check beside a	ny manuals you alr	eady have:	
Instructor Manual (wCTRBI Home StudyCTRSI Home Study	(red soft cover)	soft cover; 1 light g	reen soft cover)
2. How long do you anticipate y	ou will need to com	nplete this level of c	ertification?
□ 6 months □ 1	12 months	□ 18 months	□ 24 months
□ Other (specify)			
technicals and exams. Deposit includes: books/m The instructor manual is ava preference: manual in binde	ailable in book form	_	
Certification Level	Tuition	Deposit	
CTRBI	\$1115.00	\$ 215.00	
CTRBI – 2	1115.00	215.00	
CTRBI – 2 (already CTRBI)	325.00	100.00	
CTRII (already CTRBI)	1005.00	105.00	
CTRII (without CTRBI)	1115.00	215.00	
CTRSI (already CTRII)	1105.00	205.00	
CTRSI (without CTRII or CTRBI)	1215.00	315.00	
Refund Policy: A \$50.00 administ non-refundable deposit for those where the control of the contr		in advance prior to 2022 NFORMATION	
	□ VIS	A Mastercard	d
Credit Card Information:			
Name on Card:	Signatu	re:	
Card Number:	Expiry	Date:	

SEND TO: CanTRA

5420 Hwy 6 N, RR#5 GUELPH, ON, N1H 6J2 Fax: 519-767-0435, Phone: 519-767-0700

Website

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

To date we have asked for consent on an annual basis in accordance with CanTRA's privacy policy. CanTRA has since revised its privacy policy to a one-time consent. Therefore all certified instructors are required to give consent. Without consent, names will not be posted. By signing below once you have obtained certification your name will appear on our website if consent is given. 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.

Consent Information:

Please choose one of the following options:

□ I do not wish to have my int	formation posted on CanTRA's	website.
 I give my permission for Ca website 	nTRA to post my name, instruc	ctor level and province on their
Name (please print)	Signature	Date
CASL Legislation		
On July 1, 2014, Canada imple communicate with our memb	emented new anti-spam laws t ership (CASL legislation).	o regulate how we can
and other information of inter	ewsletters, eBulletins, member est and relevance to its membe ist with others unless required	
	y with the legislation, we need s from us. To receive information	
I Hereby give my consent to re Association.	eceive emails from the Canadia	an Therapeutic Riding
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



Canadian Therapeutic Riding Association <u>Verification of Volunteer hours and Practice teaching hours</u> Candidate Pre requisite

Pre-requisite: Complete a minimum of 100 Hours volunteering in lessons and practice teaching

with a CanTRA Therapeutic Riding Program under the supervision of a CanTRA

certified instructor.

Guidelines: Examples of volunteer hours are: Leading; Sidewalking; Volunteer Training;

Tacking up; Grooming; Horse preparation; Practicing safety in the arena and stable *Examples of practice teaching are*: Assisting with mounting and dismounting; Assisting the Instructor with teaching, games, lesson plans; Basic knowledge of aids, lesson topics and disabilities; Setting up the arena for a lesson; Fitting helmets; Assisting with organizing riders, volunteers, horses, etc.; Basic

understanding and interaction with people with disabilities. These examples are a

guideline and additional topics may be considered.

<u>Verification:</u> Please complete this form noting the number of hours for each topic practiced.

This form must be signed by a CanTRA certified instructor. This form is to be submitted to the CanTRA office as part of the pre-requisites for certification. No

credit will be issued for teaching hours unless this form is received.

TOPIC	# of Hours Completed	Verification Signature with certification held
Volunteer training		
Grooming, tacking up, leading horse from stall to crossties		
Leading and Sided walking		
Emergency Fire and Accident Procedures		
Mounting & Dismounting Candidates to take lead with CanTRA Instructor supervision		
Schooling Therapeutic Riding Horses		
Practice teaching under the supervision of CanTRA Instructor		
Lesson Plans		
Arena Set up		

Topic	# of Hours Completed	Verification Signature with certification held
Candidate Name (please print)	Candidate Signat	ure Date Submitted