



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 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 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:

Level of CanTRA Certification already achieved:

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

CTRBI & CTRBI - 2 APPLICANT: *Please check box and provide prerequisites 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

CTRII APPLICANT if Already CTRBI or CTRBI - 2: *Please check box and provide prerequisites with registration.*

- Standard First Aid & CPR
- English Rider Level 3, Western 1 or Pony Club C certificate
- 20 hours mentoring (10 hours mentoring & 10 hours teaching groups)

CTRII Applicant if bypassing CTRBI: *Please check box and provided pre requisites with registration*

- Standard First Aid & CPR
- English Rider Level 3, Western 1 or Pony Club C certificate
- 100 hours documentation of volunteer hours with CanTRA TR Program

CTRSI APPLICANT: *Please check box and provide prerequisites with registration*

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

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

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)
- CTRBI Home Study (red soft cover)
- CTRSI 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?

Please Note: If not paying in full a \$205.00 non-refundable deposit will be required to register.

Tuition must be paid in full prior to the technical evaluation.

- 1 time full payment by cheque
- 1 time full payment by credit card
- post-dated quarterly cheques (Please enclose)
- Charge credit card quarterly (sign up on website with PayPal)

Refund Policy: A \$50.00 administration fee will apply to all refunds for every year in addition to the non-refundable deposit.

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

ctra@golden.net

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 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
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CASL Legislation

On July 1, 2014, Canada implemented new anti-spam laws to regulate how we can communicate with our membership (CASL legislation).

CanTRA regularly circulates newsletters, eBulletins, membership meeting announcements, and other information of interest and relevance to its members. CanTRA does not share its circulation list with others unless required by law.

In order for CanTRA to comply with the legislation, we need to know if you would like to receive email communications from us. To receive information from CanTRA, please sign below.

I Hereby give my consent to receive emails from the Canadian Therapeutic Riding Association.

Name (please print)	Signature	Date
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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
Verification of Volunteer hours and Practice teaching hours
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.

Verification: 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 Signature

Date Submitted