



Equestrian Canada Rider levels (please check off the highest level achieved):

Rider 1 Rider 2 Rider 3 Rider 4
 English English English English
 Western Western Western Western
English: Rider 5 Rider 6 Rider 7 Rider 8 Rider 9 Rider 10

Equestrian Canada Intermediate/Instructor levels (please check all that apply):

Western Intermediate* Western Instructor of Beginners English Instructor of Beginners
**Please submit information re parts passed for Western Intermediate Level.*

Equestrian Canada Coaching levels (please check highest level achieved):

Equestrian Canada Competition Coach (English Western)
 Equestrian Canada Competition Coach Specialist (English Western)

Canadian Pony Club:

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

Other related qualifications (equestrian / medical):

Therapeutic Riding Program or Equine-Facilitated Wellness Program experience:

Affiliated program: _____

Type of involvement:

Volunteering (specify): _____
Average number of hours per year: _____ Total number of years: _____

Instructing: Number of students at a time: _____ Average number of hours per year: _____

Providing Mental Health or Education therapies (specify): _____
Average number of hours per year: _____

Please provide a list of any of the following that you feel would help us gauge your level of experience: workshops, clinics, courses or lectures you have attended with respect to equine-facilitated mental health, education, therapeutic riding, instructor/coaching development or skills in working with individuals with specific special needs or mental health diagnoses. It is also strongly recommended that you attach a current copy of your resume listing your qualifications and experience.



MENTORING / CanTRA EFW-AFFILIATED CENTRE

I will need assistance finding a mentor and/or CanTRA EFW-affiliated centre

I have a mentor and/or I am already in contact with a CanTRA EFW-affiliated centre. *(In this case, please complete the mentor's agreement below.)*

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 EFW Certification and I verify that the information submitted is correct.

Name: _____ Signature: _____

Mentor's qualifications: _____

Signature of candidate: _____ Date: _____

How long do you anticipate you will need to complete this level of certification?

6 months 12 months 18 months 24 months

Other (specify): _____

FEES

The fee for **each** level listed above, payable to CanTRA, is C\$378.00. This includes:

- CanTRA membership for two years
- Prerequisite training review
- Advisor support
- Training submission review
- Badge/certificate

For MHP and EDP candidates, the additional CBEIP (Certification Board of Equine Interaction Professionals) credentialing exam fee is to be paid directly to the exam administrator (Professional Testing Corp: www.ptcny.com).

How do you wish to pay your tuition?

PLEASE NOTE: If not paying in full, a \$200 deposit will be required to register. Your tuition must be paid in full before you will be eligible to take the final exam.

One time full payment by cheque One time full payment by credit card

Post-dated quarterly cheques * Charge my credit card quarterly *

* Quarterly payments will occur on the 1st of February, May, August and November.



CREDIT CARD PAYMENT INFORMATION (if applicable):

Visa MasterCard

Name on card: _____

Credit card number: _____ Expiry: _____

Signature: _____

Send to: CanTRA, 5420 Hwy. 6 North, RR#5 Guelph, Ontario, Canada N1H 6J2

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