

PENNSYLVANIA QUALIFIED INSTRUCTOR APPLICATION

Date _____

Applicant's Name: _____

Home Address: _____

Home Phone: (____)_____ Program Phone: (____)_____

Date Of Birth: _____

Program Information

Program Address/Location: _____

Include directions to program on the reverse of this form from the closest major city. Please include map.

Dates and Times of Program Operation: _____

Number of Students: _____

Types of Disabilities: ___ MR ___ ED ___ LD ___ MH

 ___ Ambulatory ___ Non-Ambulatory

 ___ Other

Are horses owned, leased, loaned, etc.: _____

Does your program carry insurance? Yes ___ No ___

If yes, indicate source: _____

Applicant Information

Are you responsible for care and/or training of horses? Yes ____ No ____

Are you paid or are you a volunteer? _____

How long have you been teaching riding? _____

How long have you been teaching riding to students with disabilities? _____

When did you pass Phase I and Phase II? _____(List Dates)

Are you a current member of the PA Council? Yes ____ No ____

Please list any training courses you have attended:

Please describe your program responsibilities:
(Use additional sheets if necessary)

Please describe how and why you became involved with teaching therapeutic riding:
(Use additional sheets if necessary)