



PATH Intl. CTRI Certification Maintenance Form

Use this form to maintain your PATH Intl. CTRI credential EVERY TWO YEARS.

DO NOT use this form if you are EXCLUSIVELY a therapeutic driving instructor OR Equine Specialist in Mental Health and Learning.

Instructor name: _____ PATH Intl. Certification ID: _____

Section 1: I hold the following PATH Intl. certification(s):

- Registered TRI Advanced TRI Master TRI Interactive Vaulting
- Therapeutic Driving Level I Therapeutic Driving Level II Therapeutic Driving Level III
- Equine Specialist in Mental Health and Learning

Section 2: I attest that:

- My PATH Intl. membership is current **OR** I do not currently hold PATH Intl. membership.
- My certification maintenance fee (\$75 for members, \$95 for non-members) has been paid **OR** is included with this form.
- My Adult and Child First Aid and CPR certifications are current (100% online courses are acceptable).
- I have read, fully understand and will uphold the [PATH Intl. Certified Professional Code of Ethics](#) at all times and agree to maintain compliance with the *PATH Intl. Standards for Certification and Accreditation*.
- I received a passing score on the online certification maintenance test on: _____
(date)
- I have completed a minimum of 20 hours of continuing education activities as defined by the [PATH Intl. CEU Guidelines](#).

Section 3: Documentation of a minimum of **20 continuing education hours** obtained during the previous 24 months including:

- 1) **A minimum of 12 hours** of disability education (DE)
 - 2) **A minimum of 4 hours** of core requirements relevant to each certification held (CR)
 - 3) Additional general continuing education activities (CE) involving active participation and/or reflecting pursuit of professional development to reach a total minimum of 20 hours
- I have verified that my coaching was provided by a CURRENT PATH Intl. Certified Instructor (if applicable).

Event/Activity	Location/Institution/Coach/Research Supervisor	Date (mo/year)	CE/DE/CR	Hours

BY CHECKING THE BOX BELOW, I ACKNOWLEDGE AND AGREE THAT ALL INFORMATION ON THIS FORM IS TRUE AND ACCURATE. Furthermore, I understand that failure to abide by the PATH Intl. Certified Professional Code of Ethics could result in disciplinary proceedings.

Agree:

Print Name _____ Signature _____ Date _____

Submit completed form via email to certificationcompliance@pathintl.org or mail to:
PATH Intl., P.O. Box 33150, Denver, CO 80233 Fax: (303) 252-4610, Phone: (800) 369-7433

**NOTE: You are responsible for keeping a copy of this form for your records.
All information submitted on this form is subject to further review by PATH Intl.**