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

DO NOT use this form if you are EXCLUSIVELY EITHER a 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):

☐ CTRI ☐ Advanced TRI ☐ Master TRI ☐ Equine Specialist in Mental Health and Learning
☐ Interactive Vaulting ☐ Driving Level I ☐ Driving Level II ☐ Driving Level III

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 agree to comply with the CURRENT PATH Intl. Standards for Certification and Accreditation.
☐ I have read, fully understand and agree to uphold the CURRENT PATH Intl. Certified Professional Code of Ethics at all times.
☐ I completed the online CTRI certification maintenance module on: ________________________________
☐ 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)
   ☐ I attest that any coaching reported for was provided by a CURRENT PATH Intl. Certified Instructor (if applicable)
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

<table>
<thead>
<tr>
<th>Event/Activity</th>
<th>Location/Institution/Coach/Research Supervisor</th>
<th>Date (mo/year)</th>
<th>CE/DE/CR</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.