American Horticultural Therapy Association®

ADVANCING THE PRACTICE OF HORTICULTURE AS THERAPY

Instructions for Internship Application with Online Supervision

Online supervision must be pre-approved by AHTA. Interns must complete this form and submit to AHTA prior to beginning an internship with online supervision.

To submit the Internship Application with Online Supervision:

1. Download and print the **Internship Application with Online Supervision**. 2. Complete the form and fill out all sections completely.
3. Complete the **Verification of Coursework** form.
4. Attach an unofficial transcript documenting listed coursework.
5. Scan the **Internship Application with Online Supervision** and submit the completed form and the **Verification of Coursework** by email to the AHTA Office. You may also mail the completed form to:

American Horticultural Therapy Association
8635 W Sahara Ave #711
Las Vegas, NV 89117

Note: The Internship Application with Online Supervision form must have the three required signatures:

1. Your signature as the intern
2. The AHTA-approved Internship Supervisor
3. The onsite coordinator

* Approval of online supervision is not intended to replace the professional review process.

Internship Application for Online Supervision

Intern:

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____
Internship start date: _____ Projected end date: _____

Internship Site Information:

Facility Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____
Type of Facility _____

Online supervisor:

Name of AHTA-approved Internship Supervisor _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____

Onsite coordinator:

Name of onsite coordinator _____
Onsite coordinator professional credentials _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____

By signing this form, I agree to the policies and procedures stated in the AHTA Internship Handbook.
Signature of intern: _____ Date: _____

By signing this form, I agree to be the online internship supervisor for the intern listed on this form. Signature of internship supervisor: _____ Date: _____

Verification of Eligibility for Online Supervision:

Interns must meet the following eligibility requirements:

1. An intern is unable to obtain an AHTA internship supervisor within a geographic area.

2. An intern cannot relocate and/or travel to a site where he/she can be supervised by an AHTA internship supervisor.

3. An intern must have completed all 12 semester credits in plant science, 12 semester credits in human science, and 9 semester credits in horticultural therapy coursework required for professional registration with AHTA prior to the start of an internship.

Please provide a brief explanation of how you meet eligibility requirements #1 and #2:

_____

_____

_____

_____

_____

Certification/License Questions:

Do you currently hold another health care certification or license? ____Yes ____No

If yes, please list the certification/license: _____

Expiration date: _____

Organization issuing the certification/license:

_____.

I have a current certification or license and will not have an on-site

coordinator: ___ Yes ___ No ___Not Applicable

Please submit the following information listing coursework completed in fulfillment of eligibility requirement #3 noted above. Coursework must be aligned with the requirements for Board certification as identified in the *AHTA Policies and Procedures for Board Certification*. An unofficial transcript is required documenting listed coursework. Approval of coursework to meet the requirements for online supervision is not intended to replace the professional review process. Attach additional pages if necessary to document required coursework.

Coursework:

Horticulture (12 credits required):

College or University _____ Year course completed _____

Course Title _____ Semester Credits _____

Core Course/Topic Area **Introduction to Horticulture** Grade C- or above? Yes ___ No ___

College or University _____ Year course completed _____

Course Title _____ Semester Credits _____

Core Course/Topic Area **Plant Propagation** _____ Grade C- or above? Yes ___ No ___

College or University _____ Year course completed _____

Course Title _____ Semester Credits _____

Core Course/Topic Area **Pest/Disease Plant Management** Grade C- or above? Yes ___ No ___

College or University _____ Year course completed _____

Course Title _____ Semester Credits _____

Approved Elective/Topic Area _____ Grade C- or above? Yes ___ No ___

College or University _____ Year course completed _____

Course Title _____ Semester credits _____

Approved Elective/Topic Area _____ Grade C- or above? Yes ___ No ___

Human Science (12 credits required):

College or University _____ Year course completed _____
Course Title _____ Semester Credits _____

Core Course/Topic Area **General Psychology** Grade C- or above? Yes ___ No ___

College or University _____ Year course completed _____

Course Title _____ Semester Credits _____

Core Course/Topic Area **Abnormal Psychology** Grade C- or above? Yes ___ No ___

College or University _____ Year course completed _____

Course Title _____ Semester Credits _____

Core Course/Topic Area **Human Lifespan Development** Grade C- or above? Yes ___ No ___

College or University _____ Year course completed _____

Course Title _____ Semester Credits _____

Approved Elective/Topic Area _____ Grade C- or above? Yes ___ No ___

College or University _____ Year course completed _____

Course Title _____ Semester credits _____

Approved Elective/Topic Area _____ Grade C- or above? Yes ___ No ___

Internship Application with Online Supervision 2026 4

Horticultural Therapy (9 credits required):

College or University _____ Year course completed _____

Course Title_____ Semester Credits _____

Core Course/Topic Area _____Grade C- or above? Yes ___ No ___

College or University _____ Year course completed _____

Course Title _____ Semester Credits _____

Core Course/Topic Area _____Grade C- or above? Yes ___ No ___

College or University _____ Year course completed _____

Course Title _____ Semester Credits _____

Core Course/Topic Area_____Grade C- or above? Yes ___ No ___

College or University _____ Year course completed _____

Course Title _____ Semester Credits _____

Core Course/Topic Area_____Grade C- or above? Yes ___ No ___

College or University _____ Year course completed _____

Course Title _____ Semester Credits _____

Core Course/Topic Area_____Grade C- or above? Yes ___ No ___