



American Horticultural Therapy Association.

Horticultural Therapist - Board Certified – (HT-BC) Work Experience

Name of Applicant _____

Name of Facility _____

Facility Address _____

City _____ State _____ Zip _____

Applicant Phone _____

Applicant Email _____

Applicant position (check as many as apply):

Employee Independent Contractor Private Practitioner

Name of Supervisor _____

Business Phone _____

Supervisor E-mail _____

Supervisor position:

Employee Supervisor Contract Coordinator/Administrator Clinical

Supervisor Is the Supervisor professionally registered with AHTA? yes no

If yes, Professional Registration Status: HTM _____ HTR _____ THP _____

I am completing this form as:

An initial HT-BC applicant (1,000 hours): _____

Hours:

Direct Client Services _____ %

Non-Direct Client Services _____ %

Horticulture Client Services _____ %

Total number of hours _____



American Horticultural Therapy Association.

Work Experience Hours for Horticultural Therapy Service Delivery

An initial HT-BC applicant (1,000 hours): a minimum of 600 hours or 60% of the total hours in direct client services and a minimum of 400 hours or 40% of the total hours may be non-direct client responsibilities and/or supporting horticulture services.

Direct client Services: Direct client hours (1:1, group), documentation, program planning/preparation, client meetings, supervision meetings and non-supervision meetings; _____

Non-direct client services: Non client meetings, special projects, in-service meetings or certification preparation; _____

Horticulture services: Garden, landscape, or greenhouse maintenance, horticulture education, maintenance, program supply and materials; _____

Total accumulated hours: _____

Verification of Work Experience in Horticultural Therapy:

By signing below, both parties certify that all the information given in this application is true and correct. Both parties understand that false representation relative to any information will provide the basis for permanent disqualification for participation in the AHTA Professional Registration Program.

By signing below, all parties acknowledge and verify the work experience hours for the time period starting _____ to _____.

Applicant

Date

Supervisor

Date