



# American Horticultural Therapy Association.

## Therapeutic Horticulture Practitioner Verification of 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 \_\_\_\_Volunteer \_\_\_\_Independent Contractor

Name of Work Contact \_\_\_\_\_

Business Phone \_\_\_\_\_

Work Contact E-mail \_\_\_\_\_

Work Contact position:

\_\_\_\_Therapeutic Horticulture Supervisor \_\_\_\_Employee Supervisor \_\_\_\_Volunteer Coordinator

Is the Work Contact professionally registered with AHTA? \_\_\_\_yes \_\_\_\_no

If yes, Professional Registration Status: HTM \_\_\_\_HTR \_\_\_\_THP \_\_\_\_

### Hours:

Direct Client Services \_\_\_\_\_%

Non-Direct Client Services \_\_\_\_\_%

Horticulture Client Services \_\_\_\_\_%

**Total number of hours** \_\_\_\_\_

## Therapeutic Horticulture Service Delivery

Therapeutic horticulture service delivery is defined as direct client contact utilizing horticultural activities as the primary modality.

Please check all the apply:

Description of services	Education ____ Clinical ____ Vocational ____ Wellness ____
Method of service delivery	Virtual ____ or in person ____ 1:1 ____ or group ____ Passive ____ or active ____
Frequency of service deliver	How often: daily ____ or weekly ____ Hours per day/week ____
Description of activity	Gardening ____ Landscaping ____ Indoor plant-based ____ Greenhouse plant-based ____ Sensory focused ____ Craft ____ Other _____
Individuals served	Psychological (e.g., mental illness, substance use, attention deficit) ____ Physical (e.g., spinal injury, orthopedic, cerebral palsy) ____ Sensory (e.g., vision, hearing, sensory processing) ____ Developmental (e.g., intellectual, autism, Down syndrome) ____ Disease (e.g., cancer, dementia, stroke) ____ Life circumstance/situation (housing, food, income) ____ Other _____

## Work Experience Hours

Work experience in therapeutic horticulture may include employment and/or volunteer service.

Work experience is defined as a combination of therapeutic horticulture service delivery: direct client services, non-direct client services, and supporting horticulture responsibilities.

A total of 500 hours: minimum of 300 hours or 60% of the total hours in direct client services and a minimum of 200 hours or 40% of the total hours may be non-direct client responsibilities and/or supporting horticulture services.

Therapeutic horticulture service delivery:

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 registration preparation; \_\_\_\_\_

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

Total accumulated hours: \_\_\_\_\_

## Verification of Work Experience in Therapeutic Horticulture:

Acknowledgement of the Work Experience Verification hours for the time period starting \_\_\_\_\_ to \_\_\_\_\_ by all Parties as signed below:

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Work Contact Date