



## American Horticultural Therapy Association.

### 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. Scan the *Internship Application with Online Supervision* and submit the completed form by email to the AHTA office. You may also mail the completed form to:

American Horticultural Therapy Association  
2150 N 107th St, Ste 205  
Seattle, WA 98133

**Note: The form must have the required three signatures:**

1. Your signature as the intern
2. The HTR/HTM supervisor
3. The onsite supervisor

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



## American Horticultural Therapy Association.

### Internship Application with 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 HTR/HTM supervisor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

#### Onsite supervisor:

Name of onsite supervisor \_\_\_\_\_

Onsite supervisor 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 HTR/HTM supervisor for the intern listed on this form.**

Signature of HTR/HTM supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this form, I agree to be the onsite supervisor for the intern listed on this form.**

Signature of onsite 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 must be completed prior to the start of an internship.

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

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Please submit the following information listing coursework completed in fulfillment of eligibility requirement #3 noted above. Coursework must be aligned with the requirements for professional registration as identified in the *AHTA Policies and Procedures for Professional Registration*. Approval of coursework to meet the requirements for online supervision is not intended to replace the professional registration review process. Attach additional pages if necessary to document required coursework. Official transcripts are not required.

**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 and 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 \_\_\_

**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 \_\_\_