



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*.
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 three required 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 professional registration review process.



American Horticultural Therapy Association®

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 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 complete 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 requirement #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 who 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 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/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 ___