



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, 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 hours: _____

Non-direct client services:

Documentation, program planning/preparation, client meeting, or supervision meetings: _____

Horticulture services: Garden, landscape, or

greenhouse maintenance: _____

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