



American Horticultural Therapy Association®

Rhea McCandliss Professional Service Award Application

Given to a registered member (HTM, HTR, or HTA) of AHTA in recognition of his/her distinctive service and significant contribution to the field of horticultural therapy.

Nominator Information

Name _____

Address _____

City _____ State _____ Zip _____

Primary Contact Phone Number _____

Primary E-mail _____

Are you an AHTA Member? Yes _____ No _____

Are you Professionally Registered? Yes _____ No _____

Nominee Information

Name _____

Address _____

City _____ State _____ Zip _____

Primary Contact Phone Number _____

Primary Email _____

At what level is the nominee professionally registered? HTA _____ HTR _____ HTM _____

1. How active and how long has the nominee been involved in horticultural therapy? _____

2. Explain if the nominee is an instructor, supervisor, director, administrator, or is in some related capacity. _____

3. Explain how the nominee has contributed to the promotion, organization, development of horticultural therapy programs, or supported horticultural therapy through original or unusual contribution which has affected the philosophy or practice of horticultural therapy. _____

4. Has the nominee authored (written) articles, books, or research on horticultural therapy that have been published? Yes _____ No _____

If yes, please list publications: _____

Please attach any supporting materials such as articles, announcements, or program information to this application.

Please mail or email form and materials to:

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