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.*
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:

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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/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 ___