



American Horticultural Therapy Association®

Voluntary Professional Registration Application for Horticultural Therapist - Registered

The American Horticultural Therapy Association recognizes and registers horticultural therapists through a voluntary professional registration program. The designation Horticultural Therapist - Registered, HTR, ensures professional competencies have been achieved based on standardized academic requirements and professional training.

The following information is confidential and is available only to the Registration Review Board and the Board of Appeals.

Personal Information

Name _____ AHTA Membership# _____

Address _____

City _____ State _____ Zip _____

Country _____

Home Phone _____ Business Phone _____

E-mail _____

I certify that all the information given in this application is true and correct to the best of my knowledge. I further understand that false representation relative to any information will provide the basis for permanent disqualification for participation in the AHTA Registration Program.

Electronic Signature of Applicant _____ Date _____



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I. Education

One (1) set of official sealed transcripts from each academic institution attended should be sent directly to the AHTA Headquarters. An official transcript is required for all coursework submitted for consideration.

A. Undergraduate Degree

A baccalaureate degree in horticultural therapy or an equivalent degree is required for professional registration.

An equivalent degree is defined as a degree in a field other than horticultural therapy that includes 33 semester college credits of specific required coursework as outlined in Section II (pages 5-6) of the *AHTA Professional Registration Policies and Procedures*. The required coursework may be part of an existing degree or completed outside an existing degree. Horticultural therapy coursework completed as part of a certificate program must be from an AHTA Accredited Certificate Program.

Degree _____

Major _____

College or University _____

Date of Graduation _____

Degree _____

Major _____

College or University _____

Date of Graduation _____

Degree _____

Major _____

College or University _____

Date of Graduation _____

Degree _____

Major _____

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Date of Graduation _____



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B. College Course Work

For individuals with undergraduate degrees in a field other than horticultural therapy, please list all coursework that is required for an equivalent degree as listed in Section II (Pages 5-6) of the *AHTA Professional Registration Policies and Procedures*. Identify the course by the number and title and indicate which AHTA coursework requirement each course fulfills.

Total Semester Hours _____

Human Science (12 credits required)

College or University _____

Course Number/Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Number/Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Number/Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Number/Title _____ Semester Credits _____

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College or University _____

Course Number/Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Number/Title _____ Semester Credits _____

AHTA Topic Area _____



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Horticulture (12 credits required)

College or University _____

Course Number/Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Number/Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Number/Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Number/Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Number/Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Number/Title _____ Semester Credits _____

AHTA Topic Area _____



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Voluntary Professional Registration Application for Horticultural Therapist - Registered

Horticultural Therapy (9 credits required)

College or University _____

Course Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Title _____ Semester Credits _____

AHTA Topic Area _____

College or University _____

Course Title _____ Semester Credits _____

AHTA Topic Area _____



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II. Internship

A 480-hour internship in horticultural therapy is required for professional registration. A copy of the signed *Internship Performance Report* should be submitted as outlined in Section I (Pages 1-2) of the *AHTA Professional Registration Policies and Procedures*.

Facility/Organization _____

Address _____

City _____ State _____ Zip _____

Country _____

Phone _____ Fax _____

E-mail _____

Dates _____ to _____ Total Hours _____

Supervisor _____ Title _____

Facility/Organization _____

Address _____

City _____ State _____ Zip _____

Country _____

Phone _____ Fax _____

E-mail _____

Dates _____ to _____ Total Hours _____

Supervisor _____ Title _____

III. Supporting Documentation

List below those academic institutions forwarding official transcripts to the AHTA National Office.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____