

Windwalker Credential Applications

Check one:

- ☐ Initial Credential Application (newly completed DJ Program)
- ☐ Renewal of Credential Application (completed every two years)
- ☐ New Pet Credentialing Application (only applicable for currently credentialed team)

Instructions:

You can:

- Mail ALL documents as hard copies to our Credentialing Coordinator:
Amy Gaddes, 80 Cydot Drive, North Kingstown, RI 02852
Or...
- Submit all documents electronically to: gaddesamy@gmail.com

Required Documents for ALL Applicants:

1. Signed application form

2. Proof of Insurance

You must submit a copy of your current proof of liability insurance.

Option 1: Provide proof of homeowners or renters insurance including the copy of the Declarations page with dates of coverage AND the liability section of the policy that states coverage for claims involving an animal/pet. (This is the same requirement students enrolled in the DJ Program must provide).

Option 2: If you have malpractice insurance through your professional organization (for example, NASW if you are a social worker), you may be eligible for coverage through your current professional policy. Provide proof of this coverage, which shows animal Endorsement Coverage.

Option 3: For credentialed teams only - You may obtain **Windwalker General Liability Insurance** (at no cost, covered by your membership fee) for a specific site through the "Request a Team" tab on the Windwalker website. Teams holding Windwalker Liability Insurance must provide confirmation of that Insurance for **EACH** site. That confirmation will be emailed to you and the site's contact person upon request via the "Request a Team" form.

3. Dated current Rabies Certification with expiration date

4. Current (within 6 months) Health Statement signed by veterinarian

5. Current Town/City Dog License

6. Photo in jpeg format of active therapy team (both pet and guardian together) submitted electronically to gaddesamy@gmail.com

7. FEES:

\$50.00 check made out to Windwalker to cover credentialing fee covering two calendar years (to March due date). Fee covers credentialing badge. A replacement badge will require a small additional fee.

Mail credential fee, check made out to Windwalker, and documents to:

Amy Gaddes, 80 Cydot Drive, North Kingstown, RI 02852

RENEWING TEAMS ONLY:

Provide at least one signed reference letter, from an individual who has observed your pet interacting in a pet assisted therapy situation, that documents that you and your therapy family pet are currently and safely providing an ethically-based professional pet assisted therapy program.

If you cannot obtain a reference letter, a current Temperament Test is required. Please contact the DJ Program Director to schedule an appointment.

CREDENTIALING A NEW PET:

If a current or previously credentialed team, who are Windwalker Members in good standing, wants to credential an additional pet or pets, go to the New Pet Credential tab on our website and complete the New Pet Credential Form. There is a \$50.00 "Fee for Service" for each pet to be evaluated (paid to DJ Program Director). The \$50.00 Windwalker Credential renewal fee will be waived. Please note: There may be up to 3 possible observations of your new pet required, at the discretion of the DJ director.

Any credential related questions? Ask Amy Gaddes at gaddesamy@gmail.com.

APPLICATION/RENEWAL

My signature below confirms that:

I am an active member in Windwalker [my annual dues are paid up to date] and I will renew my credential by the expiration date on the card.

I understand and will abide by the Windwalker Code of Ethics and Windwalker's Best Practices, including the use of safe equipment when working with my pet.

I will conduct myself in a professional manner and maintain confidentiality.

I will respect the work of other professional pet assisted therapy teams and discuss their work respectfully.

I understand that I provide, now and in the future, professional pet assisted therapy (PPAT) services as an independent contractor/provider and will take full responsibility for any event that may occur in the provision of pet assisted therapy services.

I understand that, when providing PPAT services, I will identify my pet as a "Therapy Pet" (not a Service or Emotional Support Animal) with tag, vests, or labels.

I hold the appropriate liability insurance that covers my services and hold Windwalker harmless for any liability claim that may result from any incident occurring in my provision of pet assisted therapy services.

I understand that Windwalker assumes no responsibility and/or liability for any event that may occur in the provision of pet assisted therapy services.

I will keep Windwalker informed of my insurance status and will keep my liability insurance coverage up to date. I will notify Windwalker of any change in status (retirement, receipt of payment or pet's health) that would affect liability. If I notice that my pet is not enjoying the work, I will stop services and notify Windwalker.

Print name: _____

Print address: _____

Phone: _____ Email: _____

Print name(s) of family therapy pet(s): _____

Optional: Name of your own PAT program: _____

Places we provide PPAT: _____

I receive payment: ☐ Yes ☐ No

Signature: _____

Date: _____ AKC Title (optional) _____

Windwalker Credential Application/Renewal Checklist

Check off each required item and send a completed copy with material. **Retain copies of materials sent.**

Send email with questions or to obtain mail address: gaddesamy@gmail.com

Date Sent: _____

Your Name: _____ Pet(s): _____

Your own Pet Assisted Therapy Program Name (if available): _____

- | | | | |
|---|---|---|----|
| ✓ Signed application | Y | N | |
| ✓ Active Member (dues are current) | Y | N | |
| ✓ Fee Check to Windwalker for \$50.00 (eff. 1/1/24)
<i>[Fee waived for an additional pet" application]</i>
<i>[Fee waived if a Temperament Evaluation is requested for renewal application]</i> | Y | N | NA |
| ✓ Proof of Professional Liability Insurance
<i>[if payment is requested or received]</i> | Y | N | NA |
| ✓ Proof of Homeowners coverage [for non-paid services] | Y | N | |
| ✓ Certificate of completion of DJ Program [3 Courses]
<i>[for initial applicants]</i> | Y | N | |
| ✓ Rabies Certificate with expiration date | Y | N | |
| ✓ Current (within 6 mos.) Health Statement signed by veterinarian | Y | N | |
| ✓ Current town/city dog license | Y | N | |
| ✓ Temperament Evaluation with new family pet)
<i>[if previously credentialed with a family pet]</i> | Y | N | NA |
| ✓ One professional reference or equivalent
or, if no reference, a current temperament test
<i>[for renewals of active teams]</i> | Y | N | NA |
| ✓ Photo of active therapy team – hard copy | Y | N | NA |
| Photo of active therapy team- emailed | Y | N | NA |

Date Reviewed: _____ Reviewer Initials: _____ Need Further Information: _____

Insurance Coverage / Homeowners / Company: _____

Professional/General Liability - Company Name: _____

Windwalker Insurance (Nautilus) - covered sites: _____

[Reviewer] Credential Effective From _____ To _____

Date Confirmation Sent: _____