

Windwalker Humane Coalition for Professional Pet Assisted Therapy

Windwalker Credentialing Application/Renewal - Instructions [Rev. 5/22]

Windwalker Membership: Teams must be active (dues up to date) members of Windwalker. Credentialing is a benefit of Windwalker Membership. New applicants must join Windwalker. All Credentialed teams must pay annual dues by March 31 of each year

Application/Renewal Form: All Teams - New and Renewals must complete, date and sign the Application/Renewal Form and provide with documents below:

Confirmation of Training - New Teams: Provide a copy of the Certificate from the DJ PAT University Certificate Program or a similar course of study (ethics/philosophy) provided in a college/university.

Temperament of Pet - Renewing Teams: Provide at least one recent signed reference from an individual who has observed your pet interacting in a pet assisted therapy situation. The reference letter documents that your family pet is currently and effectively functioning in a professional pet assisted therapy program or equivalent. *If no letter is possible - arrange for a current temperament evaluation through the Director of the DJ Program.

Current rabies certificate w/ next due date. May also be requested to send updated copy.

Health Statement: Provide a current statement of good health signed (by Veterinarian) w/ confirmation of vaccines.

License: For dogs provide current town license (as legally required).

Insurance: Provide confirmation of an active insurance policy that covers you while doing PPAT*

* **If Paid for PPAT:** If you receive/request any payment for providing pet assisted therapy services you must hold a professional liability policy and provide a copy of the declaration page of your current professional liability policy. [If you provide PPAT as part of your profession and you hold liability insurance through your professional organization (such as NASW) you may be eligible for a rider at low cost through that insurance].

* **If Not Paid for PPAT:** Provide the declaration page of your current homeowners/renters policy and the section of policy that refers to liability claims involving an animal (or provide confirmation from your Homeowners/Renters Insurance Agency that you and pet are covered while doing non paid PPAT).

Fee/ID Badge: Credentialing Fee is \$25.00 (payable to Windwalker) which covers credential and badge for one or more pets). Credential is valid up to 2 years (to a March 31 date). Provide photo of your team in hard copy and email photo (jpeg) to susan.olson11@verizon.net (Susan Olson) or windwalkerppat@yahoo.com (Linda Jones).

Windwalker Credential Application and Renewal Form [Rev. 5/22]

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.

I understand that I provide, now and in the future, pet assisted therapy 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 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 my provision of pet assisted therapy services.

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 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 for assistance .

Print name: _____

Print Address: _____

Phone: _____ **Email:** _____

Print name(s) of family therapy pets: _____

Optional: Name of your own PAT program: _____

Places we provide PPAT: _____

_____ **I**

I Receive Payment: YES _____ NO _____

Signature: _____

Date: _____ **AKC Title (optional)** _____

Windwalker Credentialing Check List [Rev. 5/22]

For Applications/Renewals:

Check off each required item. Send a completed copy with material. Retain copies of all materials sent.

Date Sent : _____

Your Name: _____

Family Therapy Pet(s) Name(s): _____

Your own Pet Assisted Therapy Program Name [if available]:

✓ Signed application	Y	N	
✓ Active Member (dues are current)	Y	N	
✓ Check for \$25.00	Y	N	NA
✓ Proof of Professional Liability Insurance [* if payment is requested or received]	Y	N	NA
✓ Proof of Homeowners/Renters coverage [if providing non-paid services]	Y	N	
✓ Certificate of completion of DJ Program [3 Courses] [for initial applicant]	Y	N	
✓ Rabies Certificate/with expiration date	Y	N	
✓ Current statement of good health <u>signed by Veterinarian</u>	Y	N	
✓ Current town/city dog license	Y	N	NA
✓ Completion of Evaluation/Training for new family pet) [if previously credentialed with a family pet]	Y	N	NA
✓ One professional reference or equivalent or , if no referenc,e a current temperament evaluation [for renewals of active teams]	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: _____

Requested further information: _____

Credentialing Effective: _____

Date returned to applicant/re-applicant: _____

Questions or to obtain mail address: susan.olson11@verizon.net