



Windwalker Humane Coalition for Professional Pet Assisted Therapy

Windwalker Credentialing Guidelines and Application Material

Vision, Mission and Philosophy

The Vision of the Windwalker Humane Coalition for Professional Pet Assisted Therapy [Windwalker] is to build a better world for people and animals through the profession of pet assisted therapy. Windwalker's mission is to build the profession of pet assisted therapy that is widely integrated into health care, rehabilitation, social services, and education at all levels (from pre-school to university and beyond) and to advocate for the well being of animals and humans. Windwalker's philosophy is two faceted: Our therapy pets must be family members and their eagerness and spontaneity is our guide in the profession and that pet assisted therapy facilitators (PATF's)/guardians are educated in pet assisted therapy within a college or university environment.

Windwalker credentialed teams, a Guardian/Professional Pet Assisted Therapy Facilitator [PPATF] and his/her family therapy pet(s), are educated, evaluated, and expected to maintain professional standards. Windwalker's credentialing of a pet assisted therapy team means that the team has met Windwalker's education, training and family therapy pet temperament standards and commits to renew each credential by the expiration date.

Credentialing also requires that each Guardian/PPATF agrees, through signature, to adhere to the ethics of the profession, and actively maintains adequate* liability insurance that covers the team when providing pet assisted therapy.

*Adequate liability insurance for Windwalker teams that provide pro-bono or volunteer services is a Homeowner's or other policy that provides, or does not exclude, liability coverage for a claim that results from an incident that occurs during the provision of pet assisted therapy services with a therapy pet on or off premises. Adequate liability insurance for Windwalker teams that receive payment of any kind is a professional liability insurance policy.

Windwalker's position is that each PPATF/Guardian is working in the community as an independent contractor/provider and that the PPATF/Guardian assumes full responsibility for any event that may occur while working. Windwalker does not assume responsibility or liability when a team is working in the field.

Windwalker Credentialing Criteria

Code of Ethics and Best Practices:

Guardian/PPATF's must abide by *The Code of Ethics for PPATF's and Best Practices of the Windwalker Humane Coalition for Professional Pet Assisted Therapy*.

Education in Professional Pet Assisted Therapy:

PPATF's who are applying for Windwalker credentialing must provide documentation that they have completed a course of study in Pet Assisted Therapy at the college or university level. (the DJ Pet Assisted Therapy University Certificate Program, or another college program that is similar in ethics and philosophy). Minimum educational requirements are: academic course work in theory, philosophy and ethics; family pet /guardian team training in pet assisted therapy skills; professional development seminars/lectures; and a supervised (credentialed PPATF) internship.

Screening of Family Therapy Pets:

PPATF's applying for, or renewing, current team credentialing, or credentialing another family pet, must meet the criteria set in the application form. Each family pet member of a team must go through Course 2 of the DJ Pet Assisted Therapy University Certificate program, or a similar educational program [in philosophy and ethics] within a college or university setting, that prepares the Guardian/PPATF and his/her family pet to work together as a PPAT team.

Insurance Requirements [Professional Liability or General Liability]:

Pet Assisted Therapy Facilitators (PPATF's) must maintain adequate liability insurance coverage for themselves and their therapy pets and proof of such insurance must be available for identification whenever engaging in paid or non-paid pet assisted therapy services. PPATF's who are providing pro-bono or volunteer pet assisted therapy services may be covered for liability through their current insurance policy. They must provide documentation from the insurance company that confirms they are covered by the terms of the insurance on and off the property.

If the PPATF requests or receives payment for services, he/she must provide documentation of a current professional liability insurance policy. As insurance policies are renewed annually the team should be able to provide the confirmation of renewal each year to Windwalker when requested.

Windwalker Membership:

PPATF's who are applying for, or renewing, their credentialing as a professional pet assisted therapy team must maintain an active membership in Windwalker. In addition to yearly dues, active membership status can be achieved through: attendance at Windwalker meetings, engaging in outreach activities, participation in professional development activities, and/or participating on Windwalker committees.

To achieve our mission Windwalker members actively work to:

- ! Gain national recognition for the profession of pet assisted therapy;
- ! Continue to develop and monitor the highest standards in professional pet assisted therapy ethics, guidelines, and curriculum;
- ! Provide a network of shared experiences, learning, and mentoring for individuals studying, practicing, or advocating in the field;
- ! Collaborate with like-minded people to build a better world for all living things through social reform initiatives, public policy legislation, and speaking out against violence toward animals and people;
- ! Inspire the development of PPAT treatment programs for individuals with mental illness or developmental disabilities, as well as individuals who are elderly, abused, or incarcerated;
- ! Promote the development of PPAT education programs at all levels from preschool to university and beyond;
- ! Enhance public awareness of the tragic link of abuse between humans and animals and to provide education in order to prevent the ongoing cycle;
- ! Honor every pet as family;
- ! Honor and respect all of our family therapy pets as family first;
- ! Embrace the philosophy that we are their guardians rather than owners;
- ! Honor the memory of our family therapy pets who remain in our hearts forever and remember that their very contribution to our profession, through the beautiful gift of their love, was given so freely and unconditionally.

Windwalker Humane Coalition for Professional Pet Assisted Therapy

Documentation to include with Windwalker Credentialing or Renewal Application

[Rev. 5.09, 2.10, 4.11, 6.11, 10.11,1.12, 4.13, 1/17, 12/18]

The following forms and documentation materials must accompany all new and renewal applications.

Send hard copies.

For mailing address contact susan.olson11@verizon.net.

New and Renewal Teams – *submit signed/completed Application and Best Practices forms and:*

1. A copy of your current proof of liability insurance [If you receive or request payment for your services, you must obtain and provide proof of up to date professional liability insurance and, as you renew insurance annually, send the verification of renewal to Windwalker]; if you provide a program on a volunteer or pro-bono basis you must provide the cover page of the insurance and the section of policy that covers claims involving an animal or a letter/confirmation from your Homeowners Insurance Policy that states you are covered for pet assisted therapy service provision];
2. **[For new applicants]** A copy of your certificate of completion from the DJ PAT University Certificate Program or a similar (in philosophy and ethics) course of study provided in a college or university environment;
3. A copy of your family therapy dog's current town license;
4. A current rabies certificate (include next due date and send updated information regularly to Windwalker)
5. A current signed Statement of Health from your Veterinarian with confirmation of all up to date vaccines;
6. A check for \$25.00 made out to Windwalker to cover credentialing fee up to two years (to a March date). Fee covers initial credentialing badge. A replacement badge will require a small additional fee.
7. A picture of your team in hard copy with the application for the record;
8. Emailed photo in jpeg format to Linda Jones (windwalkerppat@yahoo.com).

For Renewal Teams:

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 your family pet is currently and effectively functioning in a professional pet assisted therapy program or its equivalent.

If no letter can be obtained please obtain a current temperament test through DJ Program.

Questions: susan.olson11@verizon.net

APPLICATION FOR WINDWALKER CREDENTIALING [New and Renewals]

My Statement:

I am an active member in Windwalker [my annual dues are paid up to date].

I have read the Code of Ethics for Professional Pet Assisted Therapy Facilitators and agree to abide by these statements as a credentialed member of the Windwalker Humane Coalition for Professional Pet Assisted Therapy.

I agree that I will notify Windwalker if any of the above criteria is no longer applicable and I will return my Therapy Team card, which will no longer be valid.

I will renew my credentialing by the expiration date on the card.

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

I am fully aware that under this credentialing agreement:

- a) Windwalker assumes no responsibility and/or liability for any event that may occur in the provision of pet assisted therapy services;
- b) 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;
- c) I have been advised, and understand, that if I choose to receive payment for my services, I need to hold professional liability insurance to ensure coverage.

Print your name: _____

Print Address: _____

Phone: _____ **Email:** _____

Print name(s) of family therapy pets: _____

Optional: Name of your own PAT program: _____

Places you provide pet assisted therapy:

I Receive Payment: YES NO

Signature: _____

Date: _____

Windwalker Best Practices Form – Read and Sign

[Rev. 5.09, 2.10, 4.11, 6.11, 2.13, 4.13, 1/17, 12/18]

Best Practices for Pet Assisted Therapy Teams

Understand and always abide by the Windwalker Code of Ethics.

Conduct yourself in a professional manner and maintain confidentiality when providing PPAT services. Use language integral to the DJ Movement, that Windwalker embraced, when communicating with others.

Respect the work of other professional pet assisted therapy teams by:
discussing their work with others in a respectful manner; routinely determining where other Professional Pet Assisted Therapy Teams provide their programs and seek advice/agreement from the PATF before contacting and/or working in those facilities. *(If contacted by staff from a facility requesting your PPAT services ask if another team is already engaged there).*

Always keep Windwalker apprised of your insurance status and keep your liability insurance coverage up to date. It is your responsibility to notify Windwalker of retirement or any change in status such as receipt of payment for services, or pet's health, that would affect liability. *[Example: Your initial Windwalker credentialing included liability coverage through your Homeowner's policy because you provided pro-bono PPAT services. If you subsequently decide to accept payment for your services, you will commit to hold professional liability insurance and send new insurance information to Windwalker].*

If you notice that your pet is not enjoying the work, stop services and notify Windwalker for assistance .

By signing this document:

I confirm that I am an active member of Windwalker. I have read and understand the Windwalker Best Practices for Professional Pet Assisted Therapy. I am making a commitment to notify Windwalker of address change, program change, any changes in my status as a PPAT Team that occur subsequent to my initial application or renewal for credentialing by Windwalker. I commit to renewing my credentialing when due and understand that upon expiration I can no longer use the Windwalker badge. I am stating that I understand that I provide PPAT services as an independent provider and take full responsibility for any event that may occur while providing pet assisted therapy services or in representing Windwalker in an outreach event.

I acknowledge that Windwalker assumes no responsibility or liability for me, or my therapy pet(s), or for any event that may occur while I am in the process of providing pet assisted therapy services for payment or in a pro-bono or volunteer capacity. I take full responsibility for any injury that results from an incident involved with, or caused by, my therapy pet while providing paid or non-paid pet assisted therapy services and hold harmless the Windwalker organization and its officers for any liability related to my pet assisted therapy work.

I acknowledge that if, or when, I charge or receive payment for PPAT services I will obtain Professional Liability Insurance and will provide insurance information to Windwalker. I will have this information available any time I provide pet assisted therapy services.

Signed: _____

Date: _____

Print Name of Therapy Pet(s):

Windwalker Credentialing Check List [rev. 9.08, 2.10, 6.11, 1/13, 4.13, 4/16, 1/17, 12/18]

For Applications/Renewals: Check off each required item and send a completed copy with material. Retain copies of all materials sent.

Date Sent : _____

Facilitator's 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	
✓ Signed Best Practices	Y	N	
✓ Check for \$25.00	Y	N	NA
✓ Proof of Professional Liability Insurance [* if payment is requested or received]	Y	N	
✓ Proof of Homeowners coverage if providing non-paid services	Y	N	
✓ Certificate of completion of DJ Program [3 Courses] [initial applicant]	Y	N	
✓ Rabies Certificate/with expiration date	Y	N	
✓ Current health/medical statement signed by Veterinarian	Y	N	
✓ Current town/city dog license	Y	N	
✓ Completion of DJ Program Course 2 with new family pet) [if previously credentialed with a family pet]	Y	N	NA
✓ One professional reference or equivalent or if no reference a current temperament test [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