

**Instructions:** Please mail hard copies. For mailing address contact gaddesamy@gmail.com. Submit an application, the completed check-list, and the following materials:

1. **Insurance:** Provide a copy of your current proof of liability insurance -For volunteer/pro-bono pet assisted therapy you are usually covered by your Homeowner's or Renter's insurance policy. You must provide the cover page of the your Homeowner's or Renter's insurance and also the Liability section of the policy that states coverage for claims involving an animal. Or you can request a letter of confirmation from your insurer that states that you are covered when doing pet assisted therapy services. If you receive or request payment for your services, you must obtain and provide proof of an up to date professional or general liability insurance \* note - if you obtain insurance through a professional organization such as NASW you may be eligible for a rider in your current professional policy. You also may apply for the Windwalker General Liability insurance (at no cost) for a specific site through the tab "Request a Team " on the website. Teams holding Windwalker Liability Insurance must provide confirmation of that insurance for each site.

2. **Certificate of Training-New Applicants:** New applicants must submit copy of certificate of completion from the DJ Pet Assisted Therapy Program or a similar course of study (in philosophy and ethics) that is approved by DJ Director. If a certificate is not yet available, confirmation from DJ Program Director is accepted.

3. **Rabies Certificate:** A current rabies certificate (include next due date)

4. **Signed Health Statement:** A current Statement of Health signed by your Veterinarian within 6 months, with confirmation of all up to date vaccines -use optional Guide for Health Statement if helpful for Veterinarian

5. **Town License:** A current copy of your legally required town license

6. **Reference Letter or Current Temperament Evaluation - Renewing 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 you have no letter, a current Temperament Evaluation (TE) is required. To obtain a TE send the application and other materials (except the Credential Fee) to the Credential Reviewer at the address provided and include a written request for a Temperament Evaluation. The Credential Reviewer will then send the request to the DJ Program Director. You will pay a \$50.00 Evaluation Fee directly to the DJ Program Director at the time of your evaluation. In this situation the Windwalker Credential renewal fee is waived.

7. **Credential Fee:** \$50.00 (eff. 1/1/2024) made out to Windwalker to cover credentialing fee up to two calendar years (to a March date). Fee covers initial credentialing badge. A replacement badge will require a small additional fee. A Credential Fee is waived for renewal applications requesting a Temperament Evaluation (see #6) and for an initial credential of a new pet (see #8).

8. **Credentialing an Additional Pet:** If a current, or previously credentialed team, who is a Windwalker Member in good standing, wants to credential an additional pet or pets - see the New Pet Credential tab on 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) to defray costs of the Temperament Evaluation. The \$50.00 Windwalker Credential renewal fee is waived. There may be an additional fee for each Situational Assessment (up to two situational experiences).

**Photo:** Email photo in jpeg format to Amy Gaddes - gaddesamy@gmail.com\_or Linda Jones - windwalkerppat@yahoo.com. **Questions:** 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:** \_\_\_\_\_

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Print name(s) of family therapy pets:** \_\_\_\_\_

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**Optional: Name of your own PAT program:**

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### Places we provide PPAT:

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**I Receive Payment:**      YES                                  NO

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ *AKC Title(optional)*

**Windwalker Credential Application/Renewal Check List** - Revised 12/23

Check off each required item and send a completed copy with material. **Retain copies of materials sent.**  
 Questions or to obtain mail address: [gaddesamy@gmail.com](mailto: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 <b>\$50.00 (eff. 1/1/24 )</b><br>[Fee waived for an additional pet" application]<br>[Fee waived if a Temperament Evaluation is requestd\<br>for renewal application] | Y  | N  | NA |
| ✓ Proof of Professional Liability Insurance<br>*[ if payment is requested or received]   | Y  | N  | NA |
| ✓ Proof of Homeowners coverage [for non-paid services]   | Y  | N  |    |
| ✓ Certificate of completion of DJ Program [3 Courses]<br>[for initial applicants]  |    | Y  | N  |
| ✓ Rabies Certificate/with expiration date  | Y  | N  |    |
| ✓ Current (within 6 mos.) Health Statement signed by Vet.  | Y  | N  |    |
| ✓ Current town/city dog license  | Y  | N  |    |
| ✓ Temperment Evaluation with new family pet)<br>[if previously credentialed with a family pet]   | Y  | N  | NA |
| ✓ One professional reference or equivalent -or-<br>If no reference a current temperament test.<br>[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 initial: \_\_\_\_\_ Need further information: \_\_\_\_\_

Insurance Coverage: Homeowners: Company: \_\_\_\_\_

Professional/General Liability- Company Name: \_\_\_\_\_

WW Insurance (Nautilus) - covered sites: \_\_\_\_\_

[Reviewer] Credential Effective From \_\_\_\_\_ To \_\_\_\_\_

Date Confirmation sent: \_\_\_\_\_