

**THERAPY TEAM TRAINING
WORKSHOP ONE
REGISTRATION FORM**

"Our therapy animals deserve a trained, skilled and devoted handler."

Therapy Team Training Workshop One is designed for those teams that have attended an Introductory Seminar and desire to move to the advance training which combines lecture, discussion and role playing. It covers the fundamental information that you as the Handler will need to succeed as a registered Therapy Team. Through these interactions, you will discover how to interact effectively with clients and keep your animal companion safe in various visiting environments. There will be a walk-through of the Competency-Based Team Evaluation – The test! You can observe firsthand what will be required of you and your animal companion to have a successful evaluation.

THERAPY TEAM TRAINING WORKSHOP ONE – \$125 - first workshop is **without your animal companion**

September 8, 2019 1:00 – 3:00 pm

Workshop Location: Baptist Memorial Hospital - Collierville 1500 West Poplar Avenue Collierville, TN 38017

Important Information you will learn:

- >>> How you and your animal companion can test and register as a volunteer team
 - >>> The difference between animal-assisted therapy (AAT) and animal-assisted activities (AAA)
 - >>> How to recognize signs of stress in your animal companion
 - >>> How to conduct an AAA/AAT visit and what to bring with you
 - >>> How to prepare your animal for an AAA/AAT visit
 - >>> The appropriate terminology and conversational approaches for various clients
 - >>> How to identify situations where animal companion visits are not appropriate
 - >>> How to explain the difference between service/assistance animals, emotional support animals and therapy animals
 - >>> Identify the common concerns of health-care and human services professionals about AAA and AAT and how to address them
 - >>> How to get started in various kinds of facilities (hospitals, care centers, rehab centers and more)
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Name: _____

Address, City, State, Zip: _____

Phone: _____ E: mail: _____

Animal's Name/Breed/Sex/Age: _____

Date of the Introductory Seminar you attended: _____

I wish to register for the Therapy Team Training Workshop ONE. I understand that payment of \$125 is due in advance. I indemnify and hold Mid South Therapy Dogs & Friends, Intermountain Therapy Animals, evaluators, assistants, sponsoring organization (s), and facility owner (s) harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines, and attorneys' fees arising out of the acts or omissions of evaluations including, but not limited to interactions with evaluators, assistants, handlers, or animals, screening or demonstrations involving my or others' animals ; or transportation of my animal to or from the training/evaluation site or within the training/evaluation site.

Signature: _____ Date: _____

Mailing Address: Mid South Therapy Dogs 2095 Exeter Road Suite 80-105 Germantown, TN 38138-3919
Mail this registration form and fee (checks payable to Mid South Therapy Dogs)

Office use only: Check # _____ Date: _____ Amount: _____