



## Texas State University Animal-Assisted Counseling Academy Certification and Recertification Attestation Form

- I. I have satisfied all applicable certification criteria or recertification policies required by the Texas State University Animal-Assisted Counseling Academy (AAC Academy) to earn its Certified Animal-Assisted Practitioner (CAAP) credentials.
- II. The information, statements, and documents in this application or recertification are accurate and reflect my true experience, education and training, and expertise. Such information, statements, and documents are solely my responsibility and AAC Academy shall not be responsible or liable for the consequences of any inaccurate or misleading information.
- III. My application includes the presentation of my current and active state license as an independent clinical mental health practitioner. There are no conditions and/or restrictions on my ability to practice under my license. To the best of my knowledge, there are no outstanding complaints against me.
- IV. I have read, understand, and hereby affirm that I will abide by the code of ethics, standards of practice, and all other legal standards or requirements promulgated by those bodies from which I have been granted a license. To protect the public and reduce legal liability to the AAC Academy, I understand that the issuance of CAAP credentials are based upon my adherence to the ethics and standards of conduct promulgated by my primary mental health discipline and not linked to those voluntary practice guidelines promulgated by the AAC Academy.
- V. I agree to support the AAC Academy mission statement, refrain from aiding or engaging in any conduct that is prejudicial to the purpose, interests, effectiveness, reputation, or image of the animal-assisted counseling profession and/or the AAC Academy.
- VI. I will not use, reproduce, or provide instruction with any AAC Academy curricula, forms, or materials without permission from the AAC Academy Director or appropriate citations and references. All AAC Academy materials are copyrighted.
- VII. I acknowledge that my certification or recertification may be denied, suspended, or revoked, if I:
  - a. Have a disciplinary action issued against me by the applicable licensing authority that results in a condition and/or restriction on my license; or in the suspension or revocation of my license;



- b. Am convicted of a crime related to the provision of mental health services or a crime that would adversely affect the interests, effectiveness, reputation, or image of the AAC Academy;
  - c. Falsify, by inclusion or omission, information on the Credentialing application or recertification of such application, or any supporting documents;
  - d. Fail to complete the CAAP credentialing application or recertification requirements or update my license expiration date in a timely manner;
  - e. Represent my CAAP credential as my primary credential or mental health qualification;
  - f. Voluntary relinquish my license;
  - g. Use aversive training or methods with my animal partner, including using choke, prong, or shock collars, pulling on the animal's leash, or forcing them to do a behavior;
  - h. Aid or engage in any conduct that is prejudicial to the purpose, interests, effectiveness, reputation, or image of the animal-assisted counseling profession and/or the AAC Academy; or
  - i. Have adverse action taken against me pursuant to any policy or procedure adopted by the AAC Academy from time to time.
- VIII. I agree to immediately notify the AAC Academy, by certified, registered, or receipted mail, if I:
- a. Have any disciplinary action issued against me by the applicable licensing authority;
  - b. Have my license suspended or revoked or a condition and/or restriction placed on my license;
  - c. Am convicted of a crime related to the provision of mental health services or a crime that would adversely affect the interests, effectiveness, reputation, or image of the AAC Academy;
  - d. Voluntary relinquish my license; or
  - e. Fail to report any matter as described herein may result in the denial or revocation of my CAAP credential.
- IX. There have been no occurrences as described in section VIII that have not been reported to the AAC Academy or that are not described in the attached information, which includes a brief description of the matter, along with a copy of the final resolution or, if not resolved, a description of its current status and attached supporting documentation.
- X. The AAC Academy shall have no responsibility or liability for the impact that the delay or rejection, for any reason, of a CAAP application for, or recertification of, CAAP credential may have on my professional standing or employment status.



- XI. The AAC Academy and its Ethics Committee have reserved the sole right to resolve any and all filed complaints regarding my CAAP credential. The AAC Academy reserves the right to place my CAAP credential on probation, or temporarily suspend or permanently revoke it, after notice and review of any of the occurrences described in items section VI or VII.
  
- XII. I have not and will not use either the CAAP designation as my only or primary credential. I understand that on all professional documents, communications and in all advertising the CAAP credentials must be accompanied by the degree and the license in a mental health field that establishes the type of mental health services I am qualified to offer.
  
- XIII. I agree that the AAC Academy may revise its certification program and its criteria, process, and other aspects of the CAAP credentials at its sole discretion and that all credentialing determinations are made at the sole discretion of the AAC Academy based on all information received and reviewed and that the AAC Academy may approve or deny my application or recertification application based on any and all information received by it during the application and recertification process or otherwise, including information that may be obtained independently or from third parties.

I fully understand and agree to abide by the terms and conditions of this agreement and the above attestation by which the AAC Academy may confer a CAAP credential to me. I attest that I am an individually licensed mental health professional authorized to independently provide mental health services by the licensing authority in the state of my residence or practice and that all information herein is true and correct to the best of my knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_