

CATEGORY F

SUBJECT

KNOWLEDGE OF ST. JOHN AMBULANCE THERAPY DOG PROGRAM

OBJECTIVE(S)

To gain knowledge about the Therapy Dog Program by participating at an appropriate level. To acquire an acceptable level of knowledge on dog care, their habits and their needs as required under the standards and guidelines of the National Therapy Dog Program .

PREREQUISITES

Parental permission is required to participate in the Knowledge of St. John Ambulance Therapy Dog Program Proficiency.

INSTRUCTORS/EVALUATORS

- Veterinarians
- Local Therapy Dog Coordinators/Evaluators
- Cadet Superintendents/Youth Leaders

REFERENCES AND MATERIALS

- Veterinarians
- Libraries
- Pet shops
- History of St. John Ambulance materials as needed
- Knowledge of St. John Canada Instructions 2-5-2
- Knowledge of standards and guidelines for the National Therapy Dog Program

CONTENTS

Candidates must create a project featuring the Therapy Dog Program, outlining its history and the benefits of the Program using a particular dog and handler as their example.

The project should cover the following points :

- (a) Appearance of a Therapy Dog.
- (b) How the dogs are tested and why.
- (c) Food and space needed for the dog and why it is important.
- (d) Grooming requirements when visiting and why they are important.
- (e) Health Care – vaccinations and their importance both to the dog and to humans.
- (f) Rules of visiting.
- (g) Actual visiting – Outline a visit, how it takes place and the actual candidate's participation in it *

CATEGORY F – COMMUNITY SERVICES

- Note that the candidate can accompany the dog and member on the visit, but may not take the dog by themselves. Before participating in a visit, permission must be obtained from the parents, the Cadet Superintendent or Youth Leader, the local Therapy Dog Coordinator and the establishment to be visited.

DURATION

A minimum number of nine visits over three consecutive months are required before the evaluation and certification.

CERTIFICATION

The candidate must :

1. Demonstrate knowledge of the content, both written and oral.
2. Demonstrate knowledge of the Therapy Dog Program and be able to discuss the value of the program.
3. Be able to outline the standards to which all Therapy Dog Members must adhere, and the risk management procedures expected of the Handler/Dog team.
4. Demonstrate how an actual visit is conducted, introduce the dog and member to the candidate's peer group (through pictures or preferably in person), and explain how the program is part of the Brigade Community Service.

Once the Certification of Successful Completion of the Proficiency Subject has been achieved, the candidate is deemed qualified to accompany a dog and member from time to time or to assist in the testing process as a member of the "crowd" if required. In both cases, written consent of a parent or guardian is required and participation is at the discretion of both the Cadet Superintendent/Youth Leader and the local Therapy Dog Coordinator.

CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT

KNOWLEDGE OF ST. JOHN AMBULANCE THERAPY DOG PROGRAM

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to the satisfaction of the Instructor/Evaluator.

Name of Instructor/Evaluator: _____

Agency: _____

Address: _____ Tel #: _____

Instructor qualifications: _____

I certify that

_____ of _____
(Candidate's name) (Division #)

meets the criteria of this proficiency subject, as laid out on the previous page(s).

Instructor/Evaluator (signature) Date

Divisional Superintendent (signature) Date