



SECTION 2: COVER SHEET

I, _____, give my permission to the CAPT certification committee chair and/or the certification committee to contact the below references in support of my application as a Certified Play Therapist.

Signature (of applicant): _____

Date: _____

Supervisor 1 Name: _____

Phone Number: _____

Email: _____

Supervisor 2 Name: _____

Phone Number: _____

Email: _____

Colleague 1 Name: _____

Phone Number: _____

Email: _____

Colleague 2 Name: _____

Phone Number: _____

Email: _____