



## SECTION 4: APPLICATION FOR CERTIFICATION AS A CERTIFIED PLAY THERAPIST (CPT)

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

Address: \_\_\_\_\_

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

Bus. Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Which phone number do you wish to be publicly available?

Cell:

Business:

Both:

## SECTION 4A: MEMBERSHIP

Member of CAPT since (month/year): \_\_\_\_\_

Current membership number: \_\_\_\_\_

List all currently held professional licenses, certifications, registrations and professional memberships:

Organization	Indicate: Member / Certification / License

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## SECTION 4B: EDUCATION

Please submit proof of copy of diploma/degree and copy of official transcripts.

### DIPLOMA/DEGREES:

Degree/Diploma	Area of Study	Institution	Graduation Date (month and year)

### BASIC EDUCATION:

Indicate which specific college or university undergraduate or graduate courses you have completed that match each of the following required knowledge/concept areas:

- a. General concepts and principles of child development-including biological, psychological and social development (full or two half courses):

Course Title	Institution	Enrolment Dates	Full or Half Course

- b. Behavioural disorders/psychopathology: abnormal psychology (full or two half courses):

Course Title	Institution	Enrolment Dates	Full or Half Course

c. Theories of personality: understanding of personality development (one half course):

Course Title	Institution	Enrolment Dates	Full or Half Course

d. Legal, ethical and professional issues: applicable provincial and national legal practices, family law/child welfare/mental health legislation as well as discipline specific ethical codes and standards of practice (one full or two half courses):

Course Title	Institution	Enrolment Dates	Full or Half Course

e. General concepts and principles of psychotherapy: individual, family, and group psychotherapy (one full or two half courses).

Course Title	Institution	Enrolment Dates	Full or Half Course

## SECTION 4C: FOUNDATION PLAY THERAPY TRAINING

Was ALL your foundation play therapy training completed through CAPT:

Yes

No

**If yes**, complete **CAPT Foundation Play Therapy Training Dates Document** (found at the end of this document, send to the CAPT head office to obtain verification letter and attach verification letter only to this application). Check box on Part A to indicate verification letter included with this application.

**If no**, complete Part B.

### Part A

CAPT Foundation Play Therapy verification letter included with this application

### Part B

Course Title	CAPT Approved Provider Organization	Foundation Area (theory & approaches; play therapy techniques; or special populations)	Course Hours	Dates Attended



a. List any additional training in Child Psychotherapy and Play Therapy.

Program Title	Sponsoring Organization	Number of Hours	Dates Attended

### SECTION 4D: CLINICAL PRACTICE HOURS

Supervised clinical practice hours (1500 hours)

Name of Organization Where Practice Hours Occurred	Job Description	Dates of Employment (month and year)	Supervised Clinical Practice Hours

**Supervised practice hours specific to play therapy (500 hours)**

Name of Organization Where Practice Hours Occurred	Job Description	Dates of Employment (month and year)	Supervised Clinical Practice Hours

**SECTION 4E: PROFESSIONAL ACTIVITIES**

- b. Please indicate if you have taught workshops, courses, lectures, or presentations relevant to play therapy

Program Title	Sponsoring Organization	Number of hours	Date(s)

- c. Please indicate the publications in which you have been involved, starting with the most recent. Please indicate under type of publication if this was a referred publication (i.e. peer reviewed journal), book, or book chapter. If there were multiple authors please list your co- authors.

<b>Date of Publication</b>	<b>Title of Publication</b>	<b>Type of Publication</b>	<b>Please list any co-authors</b>