

APPLICATION FORM B (Converting to CAPT from APT)

FOR CERTIFIED PLAY THERAPIST AND CERTIFIED PLAY THERAPIST SUPERVISORS

The membership category of Certified Play Therapist (CPT) and Certified Play Therapist Supervisor (CPT-S) is a specialized category of membership in the Canadian Association for Play Therapy (CAPT).

Please use this application form if you have been registered with the Association for Play Therapy (APT) for 1 year or more with RPT status. Members with RPT status, must complete 10 hours of clinical supervision (individual or group) with a CPT-S. CAPT will be hosting supervision groups for applicants to support the completion of the 10 hours of clinical supervision with a CPT-S throughout the year of 2024. This will be at no cost to the applicant.

This form is also to be used for any RPT-S status applicants applying for CPT-S status. Members with RPT-S status, must complete 2 hours of clinical supervision (individual or group) with a CPT-S. Supervision should be specific to your supervision of supervisees and is at the cost of the applicant.

Please ensure that the application package is complete before submitting to the Certification Committee for evaluation. This porting period will run from now until December 31 2024. After this date, all applicants seeking membership with CAPT will be required to complete the regular application process and procedure.

No material submitted will be returned. Please make a copy of the completed application for your own records prior to submission. Send only materials specifically requested in this application.

Upon approval of this application, a certificate will be provided by CAPT.

The certification application fee of \$300.00CAD plus HST (\$339.00CAD) has been waived for applicants pursuing certification with CAPT using this route.

Once complete, mail the completed application with all documents to the CAPT head office to the attention of the Certification Chair.

Canadian Association for Play Therapy (CAPT™)

110-157 Harwood Avenue North

Ajax, Ontario, L1Z 1B8

1-800-726-7916

APPLICATION FORM B (Converting to CAPT from APT)
FOR CERTIFICATION AS A CERTIFIED PLAY THERAPIST (CPT) OR CERTIFIED PLAY THERAPIST SUPERVISOR (CPT-S)

APPLICATION CHECKLIST

Please ensure that your application is complete before submitting it to the Certification Committee for evaluation. It is your responsibility to ensure that each of the items below are complete and included in your application package. Once complete, mail the completed application with all documents to the CAPT head office to the attention of the Certification Chair.

- | | |
|---|--------------------------|
| 1. SECTION A: Personal | <input type="checkbox"/> |
| 2. SECTION B: Authorization | <input type="checkbox"/> |
| 3. SECTION C: Current Membership | <input type="checkbox"/> |
| 4. Copy of Membership in a Regulatory Body that Governs Psychotherapists | <input type="checkbox"/> |
| 5. SECTION D: Education | <input type="checkbox"/> |
| 6. Copy of Degree/Diploma | <input type="checkbox"/> |
| 7. SECTION E: Tracking Form of Clinical Supervision | <input type="checkbox"/> |
| 8. SECTION F: Attestation Form | <input type="checkbox"/> |
| 9. Police Criminal Record Check with Vulnerable Sector (within last 12 months) | <input type="checkbox"/> |
| 10. Copy of Liability Insurance | <input type="checkbox"/> |
| 11. SECTION G: Requirements after Certified with CAPT | <input type="checkbox"/> |
-

SECTION A: PERSONAL

Name: _____

Address: _____

Email: _____

Bus. Phone Number: _____

Cell Phone Number: _____

Which phone number do you wish to be publicly available?

Cell:

Business:

Both:

SECTION B: AUTHORIZATION

CAPT Code of Ethics

Acceptance of membership in CAPT confirms your acceptance of the CAPT Code of Ethics and any amendments to the Code. It shall constitute your agreement to carry on the profession of Play Therapy and adhere to the CAPT Code of Ethics.

I agree to accept the CAPT Code of Ethics and any amendments to the Code.

Signature: _____ Date: _____

National Register of Certified Play Therapists

I consent to have my name appear in the National Register of Certified Play Therapists and to be listed in other CAPT publications (both written and electronic media).

I do not consent to have my name appear in the National Register of Certified Play Therapists and to be listed in other CAPT publications (both written and electronic media).

Signature: _____ Date: _____

Informed Consent for information sharing regarding application

The foregoing information has been voluntarily supplied by the undersigned for applying to be certified by CAPT as a Certified Play Therapist. I understand that any of the information may be reviewed by representatives of CAPT and that, in the process of evaluation and verification of information, such information may become known to third parties. The undersigned expressly waives any claim to confidentiality about this application.

Signature: _____ Date: _____

SECTION C: CURRENT MEMBERSHIP

Member of APT since (month/year): _____

Current APT membership number: _____

Date of certification as RPT: _____

Date of certification as RPT-S: _____

Check one: Applying for CPT
 Applying for CPT-S

Please submit a copy of your membership certificate to a regulatory body that governs psychotherapists with this application:

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

Organization	Indicate: Member / Certification / License

SECTION D: EDUCATION

Please submit a copy of your diploma(s)/degree(s) with this application:

SECTION F: ATTESTATION FORM

This form must be reviewed and signed annually by all CAPT Applicants, CAPT Student Members, CAPT General Members, CAPT Supervisors, and CAPT Play Therapy Interns.

All CAPT Applicants, CAPT Student Members, CAPT General Members, CAPT Supervisors and CAPT Play Therapy Interns agree that they will advise the Executive Director immediately if they become the subject of any criminal investigation, if there are any charges pending, or if their status by their certifying or licensing body changes.

Please check the appropriate boxes below:

- There have been no occurrences as described above since my last criminal records check review.
- There have been no changes to my membership with my Canadian professional association or governing body.
- All reportable matters as described in the above information, were discussed with the Executive Director, at the time of the occurrence(s).

I hereby attest that my response to the preceding statement is true, complete and accurate to the best of my knowledge and belief.

Name (Please print): _____

Signature: _____

Date: _____

Copy of Police Certified Criminal Record Check with Vulnerable Sector

Copy of Liability Insurance

SECTION G: REQUIREMENTS ONCE CERTIFIED WITH CAPT

I acknowledge that once certified with CAPT, I must keep my membership up-to-date and renew annually to maintain my membership status. Certified Play Therapist (CPT) and Certified Play Therapist Supervisors (CPT-S) members must meet continuing education requirements. (See <https://canadianplaytherapy.com/wp-content/uploads/2022/11/2017-CAPT-CONTINUING-EDUCATION-REQUIREMENT-POLICIES-AND-PROCEDURES-Final.pdf> for more information).

Name (Please print): _____

Signature: _____

Date: _____