CAPT File Review

FOR CERTIFICATION AS A PLAY THERAPIST (CPT)

The membership categories of Certified Play Therapist (CPT) are specialized categories of membership in the Canadian Association for Play therapy (CAPT).

The **File Review** is used to provide those pursuing certification with a review of their educational and professional training in relation to the requirements for certification as a CPT.

PLEASE REVIEW CURRENT CERTIFICATION STANDARDS BEFORE SUMBITTING YOUR FILE FOR REVIEW.

No material submitted will be returned. Do not submit original documents with the file review. These will be needed when you submit your application for certification. Please retain a copy of this file review and your supporting documentation as you may need this material when you apply for certification.

After review of your material, a letter will be sent to you indicating your standing relative to the standards for certification as defined by CAPT.

Please send your completed file review form and supporting documentation directly to CAPT, attention the Certification Chair. The address is on the Contact page of the website.

Payment for a file review is $60.00 plus HST ($67.80) to **CAPT office. Payment can be made by cheque, credit card or e-transfer.**

FILE REVIEW APPLICATION:

FOR CERTIFICATION AS A CERTIFIED PLAY THERAPIST (CPT)

Name: _____

Address: _____

Email: _____

Bus. Phone Number: _____

Cell Phone Number: _____

Fax: _____

MEMBERSHIP

Member of CAPT since (month/year):
(Only those persons with current membership in good standing with CAPT can apply for certification)

Current membership number: _____

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

Organization	**Indicate:** **Member / Certification / License**

EDUCATION

Please list all diplomas and degrees – For certification as a CPT, if residing in a province or territory that is unregulated, a minimum of a Master's Degree in an appropriate mental health discipline

from an accredited institution is required. You have to submit proof of education for your actual application.

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:

Note: A course can only be listed under one heading. Please attach course descriptions where the course title may have an ambiguous meaning. You may add a further chart, attached to this document, if necessary. You will have to submit transcripts when you apply for certification.

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

FOUNDATION PLAY THERAPY TRAINING

Was ALL your foundation play therapy training completed through CAPT:

Yes ☐ No ☐

If <u>yes</u>, complete **CAPT Foundation Play Therapy Training Dates Document** (found at the end of this document).

If <u>no</u>, complete Part B.

Part A

CAPT Foundation Play Therapy Training Dates Document included with this file review ☐

Part B

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

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

Clinical Supervision from a CPT-S (50 hours)

Must have 50 hours of clinical supervision specific to play therapy provided by a certified CAPT supervisor (CPT-S). Please see the "Certification Application Package - How to Complete guide" and certification standards for the requirements on completing this section. Written verification of these hours must be provided by the supervisor and recorded on the Clinical Supervision Tracking Form for certification.

Note: Complete this section only if you would like us to review your supervision hours, or indicate N/A if this is not required for this file review.

Date	Number of Hours	Type of Supervision (Individual or Group)	Supervisor Name

ADDITIONAL INFORMATION IN SUPPORT OF YOUR FILE REVIEW

Please provide any additional information you feel relevant to your file review.