

# **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	v available?
Cell:	Business:	Both:
	SECTION 4A:	MEMBERSHIP
Member of CAPT sinc	e (month/year):	
Current membership	number:	
List all currently held memberships:	professional licenses, certi	fications, registrations and professional
Org	anization	Indicate: Member / Certification / License

· · · · · · · · · · · · · · · · · · ·	f copy of diploma/deg		ATION of official transcripts.	
	DIPLO	MA/DEGREES	:	
Degree/Diploma	Area of Stu	dy	Institution C	
mpleted that match	BASIC ic college or univers each of the following ots and principles of c	required know	duate or graduate co wledge/concept areas	· :
	elopment (full or two l	-		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
and social deve			<b>Enrolment Dates</b>	Full or Half Course
and social deve	Institution			
Course Title	Institution	agu abnormal	I nevel along / full or to	va half courses):

Course Title	Institution	<b>Enrolment Dates</b>	Full or Half Course
family law/chi	and professional issues: applicible applicible applicible application applicat	slation as well as discipline s	• ,

**Enrolment Dates** 

Full or Half Course

e. General concepts and principles of psychotherapy: individual, family, and group

psychotherapy (one full or two half courses).

Institution

**Course Title** 

### **SECTION 4C: FOUNDATION PLAY THERAPY TRAINING**

Was ALL your foundation play therap	by training completed through CAPT:
Yes	No
this document, send to the CAPT hea	ay Therapy Training Dates Document (found at the end of ad office to obtain verification letter and attach verification box on Part A to indicate verification letter included with
If <u>no</u> , complete Part B.	
Part A	
CAPT Foundation Play Therapy verifi	cation 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

#### Part b continued

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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.

Date of Publication	Title of Publication	Type of Publication	Please list any co-authors