



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 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