



SECTION 3: AUTHORIZATION

CAPT Code of Ethics

Acceptance of membership in CAPT connotes your acceptance of the CAPT Code of Ethics and amendments to the Code and shall constitute your agreement to carry on the profession of Play Therapy in conformity with this Code of Ethics.

I agree to accept the CAPT Code of Ethics and 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: _____



I, _____, give my permission to the CAPT certification committee chair and/or the certification committee to contact the below references in support of my application as a Certified Play Therapist Supervisor.

Signature (of applicant): _____ Date: _____

Supervisor 1 Name: _____

Phone Number: _____

Email: _____

Supervisee 1 Name: _____

Phone Number: _____

Email: _____

Supervisee 2 Name: _____

Phone Number: _____

Email: _____

Supervisee 3 Name: _____

Phone Number: _____

Email: _____