



CERTIFIED PLAY THERAPIST SUPERVISOR (CPT-S)

SECTION 1: APPLICATION

(Revised February 2026)

FOR CERTIFICATION AS A CERTIFIED PLAY THERAPIST SUPERVISOR (CPT-S)

Please ensure that your application is complete before submitting it to the Certification Committee. It is your responsibility to ensure that each of the items below are complete and included in your application package. Once complete contact the Certification Committee for further instructions.

***This application is for individuals who have already been Certified as a Play Therapist (CPT) with CAPT and are now applying to be certified as a Play Therapist Supervisor (CPT-S). If you have not been Certified as a Play Therapist (CPT) with CAPT, please complete the CPT application prior to submitting this application and contact the Certification Committee for next steps.

No material submitted will be returned. Please make a copy of the completed application for your record prior to submission. Please send only materials specifically requested in this application. If you find that you need more space than provided, please use the reverse side of the page.

Upon approval of this application, a certificate will be provided by The Canadian Association for Play Therapy.

The non-refundable certification application fee of \$300.00 Canadian Funds plus HST, covers the cost of processing the application, and if approved, the issuance of a certificate. Please contact the Executive Director for e-transfer instructions for payment of the application fee.



SECTION 1A: APPLICANT INFORMATION

Name:

Address:

Email:

Bus. Phone Number:

Cell Phone Number:

To be listed on the Member's Directory, please opt in and complete your information via the online member's portal.

SECTION 1B: CAPT MEMBERSHIP

Member of CAPT since (month/year):

Current membership number:

Certified as a CPT since (month/year):

SECTION 1C: PROFESSIONAL LICENSES/MEMBERSHIPS

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

Organization	Indicate: Member / Certification / License



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SECTION 1D: EDUCATION

Training in Psychotherapy and Play Therapy since Certification as a Play Therapist (CPT). Please submit copy of diploma/degree and copy of official transcripts.

DIPLOMA/DEGREES:

Degree/Diploma	Area of Study	Institution	Graduation Date (month and year)

List any additional relevant training in Child Psychotherapy and Play Therapy since Certification as a Play Therapist (CPT):

Institution/Sponsoring Organization and Location of training	Topic/Program Title	Number of Hours	Dates Attended



Please describe your leadership style, approaches/models you use in your supervision. Also note the values and beliefs which guide your supervisory practice. Use additional sheet if necessary

SECTION 1E: PROFESSIONAL ACTIVITIES

Please indicate if you have taught workshops, courses, lectures, or presentations relevant to play therapy

Program Title	Sponsoring Organization	Number of hours	Date(s)

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



SECTION 1F: OTHER

Please concisely list any other information you feel is relevant to this application.