



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:

Membership Directory of Certified Play Therapists

I acknowledge that it is my responsibility to keep my information updated on the membership directory. I take full responsibility of the information, as solely I have access through the member's portal on changing and updating my information. (To opt in to the membership directory, log in and complete the information via the member portal).

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 Supervisor. 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: