



SECTION 4: APPLICATION FOR CERTIFICATION AS A CERTIFIED PLAY THERAPIST (CPT)

Name: _____

Address: _____

Email: _____

Bus. Phone Number: _____

Cell Phone Number: _____

SECTION 4A: MEMBERSHIP

Member of CAPT since (month/year): _____

Current membership number: _____

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

Organization	Indicate: Member / Certification / License



SECTION 4B: EDUCATION

Please submit proof of copy of diploma/degree and copy of official transcripts.

DIPLOMA/DEGREES:

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

BASIC EDUCATION:

Indicate which specific college or university undergraduate or graduate courses you have completed that match each of the following required knowledge/concept areas:

- a. General concepts and principles of child development-including biological, psychological and social development (full or two half courses):

Course Title	Institution	Enrolment Dates	Full or Half Course

- b. Behavioural disorders/psychopathology: abnormal psychology (full or two half courses):

Course Title	Institution	Enrolment Dates	Full or Half Course



c. Theories of personality: understanding of personality development (one half course):

Course Title	Institution	Enrolment Dates	Full or Half Course

d. Legal, ethical and professional issues: applicable provincial and national legal practices, family law/child welfare/mental health legislation as well as discipline specific ethical codes and standards of practice (one full or two half courses):

Course Title	Institution	Enrolment Dates	Full or Half Course

e. General concepts and principles of psychotherapy: individual, family, and group psychotherapy (one full or two half courses).

Course Title	Institution	Enrolment Dates	Full or Half Course



List all Play Therapy CEU's completed since PTI (or since 180 hours of Foundation Play Therapy Training completed) - 12 CEU per year required:

Course/CEU Title	Sponsoring Organization	Number of Hours	Dates Attended

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



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SECTION 4E: PROFESSIONAL ACTIVITIES

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

Program Title	Sponsoring Organization	Number of hours	Date(s)

- b. 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


