SECTION 2: CPT-S SUPERVISORS & REFERENCES INFO SHEET

I, _____, give my permission to the CAPT certification committee chair and/or the certification committee to contact any CPT-S supervisor and CPT-S-intern that has provided me with supervision, as well as the references in support of my application as a Certified Play Therapist.

Signature (of applicant): _____ Date: _____

Supervisor Name: _____ Number of supervision hours provided: _____
Phone Number: _____ Email: _____

Supervisor Name: _____ Number of supervision hours provided: _____
Phone Number: _____ Email: _____

Supervisor Name: _____ Number of supervision hours provided: _____
Phone Number: _____ Email: _____

Supervisor Name: _____ Number of supervision hours provided: _____
Phone Number: _____ Email: _____

Supervisor Name: _____ Number of supervision hours provided: _____
Phone Number: _____ Email: _____

Colleague Reference Name: _____
Phone Number: _____ Email: _____

Colleague Reference Name: _____
Phone Number: _____ Email: _____