



RPT/S Applications: **Registered Play Therapist (RPT) & Supervisor (RPT-S)**

Applicants:

Your interest in earning the Registered Play Therapist™ (RPT) and Registered Play Therapist-Supervisor™ (RPT-S) credentials conferred by the Association for Play Therapy (APT), a national professional society formed in 1982 to advance the play therapy modality, is welcomed!

This program is intended for licensed mental health professionals who wish to elevate client services and convey their play therapy knowledge and expertise to the general public, especially to insurers, schools and universities, parents and children, and other mental health professionals.

You are advised to first review the RPT/S Guide and then contact APT for clarifications. You need not earn our RPT credential before earning our RPT-S credential. For brevity, note that we use the “RPT/S” acronym when referring to both the RPT and RPT-S credentials.

Your RPT/S application should include these items:

1. Copy of current and active mental health license.
2. Copy of university transcripts.
3. Copy of play therapy and supervisor training certificates.
4. Form A, verification of play therapy experience and supervision. RPT-S applicants must note additional general and play therapy clinical experience.
5. Completed, signed, and dated RPT/S application.
6. Non-refundable application fee:

Application Fee	RPT	RPT-S
APT Member	\$80	\$155
Non-APT Member	\$160	\$235

You will be advised of the status of your RPT/S application within 4-6 weeks. Once approved, you will receive a pro-rated (thru March 31) billing statement for your annual credentialing fee:

Annual Fee	RPT	RPT-S
APT Member	\$55	\$80
Non-APT Member	\$135	\$160

Save time and reduce confusion. Review the RPT/S Guide and Application. Then contact APT for clarifications and other assistance. Thank you!

Carol Guerrero, CAP
 Credentials Coordinator
 Association for Play Therapy
 3198 Willow Avenue, Suite 110
 Clovis, CA 93612 USA
 Tel (559) 294-2128 ext 1
 Fax (559) 294-2129
cguerrero@a4pt.org
www.a4pt.org

RPT/S APPLICATION OVERVIEW

This chart summarizes the criteria that applicants must satisfy to earn the Registered Play Therapist (RPT) and Registered Play Therapist-Supervisor (RPT-S) credentials. Review the RPT/S Guide for details.

#	APPLICATION CRITERIA	RPT	RPT-S
0300	License (or Certification)	Current and active individual state license (or, in limited situations, certification) to independently provide clinical mental health services.	Current and active individual state license (or, in limited situations, certification) to independently provide clinical mental health services.
0400	Educational Degrees	Master's or higher mental health degree with demonstrated coursework in child development, theories of personality, principles of psychotherapy, and child & adolescent psychopathology, and ethics. APT will preview your transcripts for a fee.	Master's or higher mental health degree with demonstrated coursework in child development, theories of personality, principles of psychotherapy, and child & adolescent psychopathology, and ethics. APT will preview your transcripts for a fee.
0500	Clinical Experience	General clinical experience required by state licensure (or, in limited situations, certification) roughly equivalent to 2 years and 2,000 hours of general mental health clinical experience.	General clinical experience required by state licensure (or, in limited situations, certification) roughly equivalent to 2 years and 2,000 hours of general mental health clinical experience. An additional 3 years and 3,000 hours of general clinical experience after initial licensure (or, in limited situations, certification).
0600	Play Therapy Training	150 hours of play therapy specific instruction from institutions of higher education or APT-approved providers (limit 50 non-contact hours).	150 hours of play therapy specific instruction from institutions of higher education or APT-approved providers (limit 50 non-contact hours).
0700	Supervised Play Therapy Experience & Supervision	500 hours of supervised play therapy specific experience plus 50 hours of concurrent play therapy specific supervision.	1,000 hours of play therapy specific experience (at least 500 of which must be supervised) plus 50 hours of concurrent play therapy specific supervision.
0800	Supervisor Training	None.	Either designation as a state-approved supervisor or 24 hours of supervisor training. This criterion will change on April 1, 2014.
1100	Renewal Criteria	Annual: Current and active individual state license (or, in limited situations, certification) to independently provide clinical mental health services. CE Cycle: 18 hours of play therapy specific instruction from institutions of higher education or APT-approved providers every 36 months.	Annual: Current and active individual state license (or, in limited situations, certification) to independently provide clinical mental health services. CE Cycle: 18 hours of play therapy specific instruction from institutions of higher education or APT-approved providers PLUS two (2) hours of supervisor training every 36 months. This criterion will change on April 1, 2014.

RPT/S APPLICATION

0100. Application for Credential

Check one application type: RPT - Registered Play Therapist RPT-S - Registered Play Therapist-Supervisor

0200. Applicant information

Name: (first) _____ (mi) _____ (last) _____

APT Member: Yes _____ No _____

Affiliation: _____ Position Title: _____

Address: _____

City: _____ State: _____ ZIP: _____ Nation: _____

Work: _____ Home: _____ Cell Phone: _____

Email: _____ Social Security Number (only last 4 digits): _____

Highest MH Degree: _____ Primary MH Credential: _____

0300. Verification of License (or Certification)

- **Attach** a copy of your state mental health professional license (or, in limited instances, certification) indicating that you are legally allowed to independently provide mental health services.

If License: Type _____ Discipline _____ Issued (mm/dd/yy) _____ Expires (mm/dd/yy) _____

Licensing Board _____ License # _____

If Certification: Type _____ Discipline _____ Issued (mm/dd/yy) _____ Expires (mm/dd/yy) _____

Certifying Authority _____ Certification # _____

RPT-S Applicant: Are you a designated supervisor by a state licensing/certification board: Yes No

0400. Verification of Educational Degrees and Core Academic Coursework

- **Attach** a copy of transcript(s) issued by an institution of higher education indicating that you have earned a Master's or higher mental health degree from an institution of higher education.

- In the chart below, indicate which courses from your transcript(s) satisfy these core areas (if titles are not definitive, attach course syllabi).

Master's: Degree _____ Institution _____ Year _____

Doctorate: Degree _____ Institution _____ Year _____

CORE COURSEWORK	INSTITUTION	COURSE NUMBER	DATE CREDIT AWARDED
Child Development (biological, psychological, and social development)			
Theories of Personality (understanding of personality development)			
Principles of Psychotherapy (individual, family, and group psychotherapy)			
Child & Adolescent Psychopathology (abnormal child psychology)			
Legal, Ethical & Professional Issues (state and national legal practices, discipline's ethical code and standards of practice)			

0500. Verification of Clinical Experience - RPT-S APPLICANTS ONLY

- **RPT-S APPLICANTS ONLY:** In addition to the two (2) years and 2,000 direct contact of supervised general clinical experience hours satisfied by your state licensure, attach Form A, indicating in Section 3 that you completed an additional three (3) years and 3,000 direct contact hours of general clinical experience after licensure. These hours need not be supervised but must be verified by a licensed mental health professional.

0600. Verification of Play Therapy Training

- Attach copies of transcripts and training certificates issued by institutions of higher education and APT-approved providers respectively to demonstrate that you earned 150 clock hours of play therapy specific training, not more than 50 of which may be non-contact. Do NOT submit original copies of your transcripts and certificates as all materials will be destroyed after review.

0700. Verification of Supervised Play Therapy Experience and Supervision

- **RPT & RPT-S Applicants:** Attach Form A, indicating in Section 1 that, during or after earning your Master's degree, you completed our supervised play therapy experience criterion and were supervised while completing these hours. See Sections 0703 and 0704 in RPT/S Guide for details
- **RPT-S Applicants:** Attach Form A, indicating in Section 2 that you completed additional hours of play therapy experience. These hours may or may not be supervised.

0800. Verification of Supervisor Training - RPT-S APPLICANTS ONLY

- If you are a state licensed supervisor, attach a copy of your state license indicating that you are a supervisor. **Consult Section 0800 in RPT/S Guide regarding changes on April 1, 2014.**
- If you are NOT a state licensed supervisor, attach copies of transcripts or certificates issued by institutions of higher education or APT-approved providers indicating that you have completed at least 24 hours of graduate-level play therapy supervisor training. Not more than 12 of the 24 hours may be non-contact. **Consult Section 0800 in RPT/S Guide regarding changes on April 1, 2014.**

0900. Attestation by Applicant

0901. I have satisfied all applicable application or renewal policies and requirements required by the Association for Play Therapy (APT) to earn its Registered Play Therapist™ (RPT) or Registered Play Therapist-Supervisor™ (RPT-S) credentials. If an RPT-S applicant, I have been individually state licensed (or certified) to engage in independent clinical mental health practice for three (3) or more years past my initial date of state licensure or certification.
0902. The information, statements, and documents in this application or renewal are accurate and reflect my true experience, education and training, and expertise. Such information, statements, and documents are solely my responsibility and APT shall not be responsible or liable for the consequences of any inaccurate or misleading information.
0903. My application includes the presentation of my a) current and active individual state license or certification as a clinical mental health practitioner. To the best of my knowledge, there are no outstanding complaints against me.
0904. I have read, understand, and hereby confirm that I will abide by the code of ethics, standards of practice, and all other legal standards or requirements promulgated by those bodies from which I have been granted a license or certification. To protect the public and reduce legal liability to APT, I understand that the issuance of RPT/S credentials are based upon my adherence to the ethics and standards of conduct promulgated by my primary mental health discipline and not linked to those voluntary practice guidelines promulgated by APT.
0905. I agree to support the APT mission statement, refrain from aiding or engaging in any conduct that is prejudicial to the purpose, interests, effectiveness, reputation, or image of the play therapy profession and/or APT.
0906. I acknowledge that my RPT/S credential application or renewal may be denied, suspended, or revoked, if I:
- Have a disciplinary action taken against me by the applicable licensing or certification authority that results in the suspension or revocation of my license or certification;
 - Am convicted of a crime related to the provision of mental health services or a crime that would adversely affect the interests, effectiveness, reputation, or image of APT;
 - Falsify, by inclusion or omission, information on the RPT/S application or renewal or any supporting documents;
 - Fail to complete RPT/S credentialing application or renewal requirements in a timely manner;
 - Represent my RPT/S credential as my primary credential or mental health qualification; or
 - Voluntarily relinquish my license or certification.
0907. I agree to immediately notify APT, by certified, registered or receipted mail, if I:
- Have any disciplinary action taken against me by the applicable licensing or certification authority;
 - Have my license or certification suspended or revoked;

- c. Am convicted of a crime related to the provision of mental health services or a crime that would adversely affect the interests, effectiveness, reputation, or image of APT;
- d. Voluntary relinquish my license or certification; or
- e. Fail to report any matter as described herein may result in the denial or revocation of my RPT/S credential.

0908. There have been no occurrences as described in item 0907 that have not been reported to APT or that are not described in the attached information, which includes a brief description of the matter, along with a copy of the final resolution or, if not resolved, a description of its current status and attached supporting documentation.

0909. I have read and am familiar with the Play Therapy Best Practices endorsed by APT and displayed on its website, www.a4pt.org.

0910. APT shall have no responsibility or liability for the impact that the delay or rejection, for any reason, of a RPT/S application for, or renewal of, RPT/S credential may have on my professional standing or employment status.

0911. APT and its Ethics & Practices Committee have reserved the sole right to resolve any and all filed complaints regarding my RPT/S credential. APT reserves the right to place my RPT/S credential on probation, or temporarily suspend or permanently revoke it, after notice and review of any of the occurrences described in items 0906 and/or 0907.

0912. I acknowledge and agree that a designation as RPT or RPT-S by APT does not certify, imply, or affirm my knowledge or competency in my profession or otherwise and that such designation only confirms that the education and training requirements of APT have been satisfied. I have not and will not use either the RPT or RPT-S designation as my only or primary credential. I understand that on all professional documents, communications and in all advertising the RPT/S credentials must be accompanied by the degree or the license or certification in a mental health field that establishes the type of mental health services I am qualified to offer.

0913. I hereby indemnify and hold harmless APT from and against any and all claims, losses, actions, costs and expenses, including attorneys' fees, incurred by APT as a result of or arising out of a) my acts or omissions in my treatment of patients; b) my failure to abide by the code of ethics, standards of practice and legal standards and requirements promulgated by my primary licensing or certification authority; c) any falsification, including by omission or inclusion, of information on my RPT/S application or any supporting documents; d) my conduct or actions that are prejudicial to the purpose, interests, effectiveness, reputation, or image of play therapy and/or APT; and e) any other action or omission relating to my RPT/S credential.

0914. APT reserves the right to revise its credentialing program and its criteria, process, and other aspects.

I fully understand and agree to abide by the terms and conditions of this agreement and the above attestation by which APT may confer a RPT/S credential to me. I attest that I am an individually licensed (or certified) mental health professional authorized to independently provide mental health services by the licensing (or, in limited instances, certification) authority in the state of my residence or practice and that all information herein is true and correct to the best of my knowledge.

Applicant Signature _____ **Date** _____

1000. Application Fee and Payment

Check the appropriate non-refundable application fee (check one):

RPT: _____ \$80 member _____ \$160 non-member *
 RPT-S: _____ \$155 member _____ \$235 non-member*

**If interested in becoming a member, contact APT before submission of RPT/S application*

Foundation contribution (optional) \$ _____ Tax-exempt support for play therapy research and promotion.

Payment in US dollars to "APT" by only these methods (check one):

Check or Money Order _____ (ensure that your name and contact information appear on your check)

Visa _____ MasterCard _____ Account Number _____

Expiration Date _____ AVS Security Code: _____ (3-digit code on back of card)

Billing Address: _____

Print Name (on card) _____ Signature _____

[Note: Do not confuse RPT/S application and annual renewal fees with annual Membership dues.]

NEWS RELEASE INFORMATION (OPTIONAL):

_____ (initials): By affixing my initials, I understand and authorize APT to transmit a news release announcing that I have earned either the RPT or RPT-S credential to my local newspaper. I further understand that the release will include my name and workplace and that the newspaper will be separately advised of my telephone number and email address should it wish to contact me for additional information or an interview.

Newspaper Name: _____ Email/Fax: _____

My workplace: _____ My Phone/Email: _____

Mail, fax or email completed application with fee to:

Carol Guerrero, CAP
Credentialing Coordinator
Association for Play Therapy
3198 Willow Avenue, Suite 110
Clovis, CA 93612 USA

Disposition of Application by APT

___ Approved.

___ Not approved. Explanation: _____

APT Signature: _____ Date _____



FORM A: RPT & RPT-S APPLICANTS

Applicant Name: _____ **Degree/Credentials:** _____

Address: _____ **ZIP:** _____

Telephone: _____ **Email:** _____

Instructions: Post your dates and hours of experience and supervision below.

CRITERIA	DATES & HOURS <small>(completed by Applicant)</small>	VERIFIER <small>(completed by Supervisor and/or Verifier)</small>
<p>1. SUPERVISED PLAY THERAPY EXPERIENCE & SUPERVISION</p> <p>RPT & RPT-S Applicants: 500 supervised hours by Non-RPT-S and 50 supervision hours (max 20 group supervision)</p> <p>OR</p> <p>335 supervised hours by RPT-S and 35 supervision hours (max 15 group supervision)</p> <p>Supervisor providing 10 or more hours of supervision must observe at least one (1) play therapy session during supervision.</p>	<p>RPT & RPT-S Applicants – Provide dates of Supervised Play Therapy Experience:</p> <p>From: _____ / _____ / _____ To: _____ / _____ / _____</p> <p>Total # hours of Play Therapy Experience under Supervision: _____</p> <p>RPT & RPT-S Applicants - Provide dates of Play Therapy Supervision:</p> <p>From: _____ / _____ / _____ To: _____ / _____ / _____</p> <p># Individual hours: _____ # Group hours: _____ # Total hours: _____</p>	<p>Applicant indicates s/he has completed all or some of these Supervised Play Therapy Experience hours and supervision concurrently with you. Please confirm by completing this section and return form to Applicant.</p> <p>Name: _____ Highest MH degree earned: _____ Telephone: _____ RPT-S #: _____ License: _____ Issued by: _____ Credential: _____ Issued by: _____</p> <p><i>I [have ___] [have not ___] observed at least one (1) play therapy session, and hereby attest that all of the information provided is true and correct to the best of my knowledge and, per my license, I am eligible to supervise:</i></p> <p><i>I hereby attest that all of the information provided is true and correct to the best of my knowledge:</i></p> <p>Signature: _____ Date: _____</p>
<p>2. ADDITIONAL PLAY THERAPY EXPERIENCE</p> <p>RPT-S Applicants ONLY: 500 additional play therapy hours (or 1,000 total hours) of experience beyond those supervised hours listed above in Section 1.</p> <p>These hours may be either supervised or non-supervised hours.</p>	<p>RPT-S Applicants – Provide dates of additional Play Therapy Experience not under supervision:</p> <p>From: _____ / _____ / _____ To: _____ / _____ / _____</p> <p>Total # hours additional Play Therapy Experience: _____</p>	<p>I verify Applicant has completed all or some of these Play Therapy hours beyond those supervised above. Please confirm by completing this section and return form to Applicant.</p> <p>Name: _____ Highest MH degree earned: _____ Telephone: _____ RPT-S #: _____ License: _____ Issued by: _____ Credential: _____ Issued by: _____</p> <p>Signature: _____ Date: _____</p>
<p>3. GENERAL CLINICAL EXPERIENCE</p> <p>RPT-S Applicants ONLY:</p> <p>Required: Documentation of an additional 3 years and 3,000 hours of general clinical experience after initial licensure.</p>	<p>License Issued: _____</p> <p>Provide dates of additional General Clinical Experience after licensure:</p> <p>From: _____ / _____ / _____ To: _____ / _____ / _____</p>	<p>I verify Applicant has completed all or some of these General Clinical Experience hours after licensure. Please confirm by completing this section and return form to Applicant.</p> <p>Name: _____ Highest MH degree earned: _____ Telephone: _____ License: _____ Issued by: _____ Credential: _____ Issued by: _____</p> <p><i>I hereby attest that all of the information provided is true and correct to the best of my knowledge:</i></p> <p>Signature: _____ Date: _____</p>

Applicants: If necessary, make and distribute copies of this form to all applicable parties to be returned to you or to APT, 3198 Willow Avenue, #110, Clovis, CA 93612 USA, Tel (559) 294-2128, Fax (559) 294-2129, cguerrero@a4pt.org.