Registered Play Therapist™ Application

APT Professional Credentialing Program

2025

This revision is effective as of April 1, 2025 and supersedes all previous versions.

APT may revise its Credentialing Program and its criteria, standards, process, and other aspects of the program at its sole discretion.

Application for the Registered Play Therapist™ Credential

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All approval determinations are made at the sole discretion of APT based on all information received and reviewed, and that APT may approve or deny applications or renewals based on any and all information received by it during the application and renewal process or otherwise, including information that may be obtained independently or from third parties.

Dear Applicant:

Thank you for your interest in earning the Registered Play Therapist™ (RPT) credential conferred by the Association for Play Therapy (APT), a national professional society formed in 1982 to advance the play therapy field!

This program is intended for professionals with a current and active clinical mental health license who wish to convey their play therapy knowledge and experience to the general public, especially to insurers, schools and universities, parents and children, and other mental health professionals. Professionals licensed solely by their state's department of education (i.e., School Counselors, etc.) are ineligible for the RPT™ or RPT-S™, but may be eligible for the School Based-Registered Play Therapist™ (SB-RPT™) credential.

You are encouraged to first review the Credentialing Standards and then contact APT for clarifications. Applicants must first apply for, be granted, and maintain the RPT™ credential in good standing for the ***three (3) most recent consecutive years*** prior to applying for the RPT-S™ credential.

Your Credentialing application should be complete before submitting, and include these items:

1. Copy of current and active, unconditional independent mental health license.
2. Copy of transcript(s) from an accredited university.
3. Completed and signed application.
4. Three completed and signed Criteria Verification Forms, with all supporting documents attached (including play therapy CE certificates).
5. Non-refundable application fee (includes complimentary initial 12-month activation fee upon approval):

RPT™ Application Fee		**RPT™ Annual Renewal Fee**	
Member	Non-Member	Member	Non-Member
$210.00	$340.00	$ 70.00	$190.00

6. Applications ***must be submitted in hard copy*** format by USPS or courier (UPS, FedEx, etc.) to the address below. Applications received via email or fax will not be accepted.
7. Do not submit incomplete applications.

You will receive a confirmation email from APT upon receipt of your application. Incomplete applications will not be reviewed. APT will notify applicants within 10-12 weeks via email regarding the status of their application. If there is a change in your licensure status at any time during the application process or once approved, you are required to immediately notify APT in writing.

Should you continue to have questions after reviewing the Credentialing Standards, please do not hesitate to contact us.

Thank you!

Association for Play Therapy
401 Clovis Ave., Suite 107
Clovis, CA 93612
Tel (559) 298-3400 / Fax (559) 298-3410
info@a4pt.org www.a4pt.org

Program Criteria Overview

This chart summarizes the criteria that applicants must satisfy to earn the RPT™ credential. The criteria are designed to ensure well-rounded education and training in play therapy.

Successful completion of the credentialing criteria includes the completion and documentation of a minimum number of hours in play therapy instruction, clinical experience, and supervision in a three-phase approach. See **Section 06** for additional information on the integration of these criteria.

<table>
<tr><th colspan="2">Section</th><th>Credentialing Criteria</th></tr>
<tr><td>01 -</td><td>License</td><td>Required to hold a current, active, and unconditional individual state license to independently provide clinical mental health services in one of the following general practice disciplines: counseling, marriage and family therapy, psychiatry, psychology, or social work.</td></tr>
<tr><td>02 -</td><td>Educational Degree</td><td>Required to hold a master's or higher clinical mental health degree in one of the following disciplines: counseling, marriage and family therapy, psychiatry, psychology, or social work with demonstrated coursework in: child development; theories of personality; principles of psychotherapy; child & adolescent psychopathology; cultural & social diversity; and ethics.</td></tr>
<tr><td>03 -</td><td>Play Therapy Instruction</td><td>Required to include documentation of at least 150 hours of play therapy specific instruction, accrued in a time period of no less than two (2) years and no more than ten (10) years from accredited universities or APT Approved Providers. Limits to the number of non-contact hours and additional stipulations are listed in Section 03.
<table>
<tr><th>Phase 1-Instruction</th><th>Phase 2-Instruction</th><th>Phase 3-Instruction</th></tr>
<tr><td>Document 35-55 hours</td><td>Document 55-70 hours</td><td>Document 45-60 hours</td></tr>
</table>
See Section 03 for primary areas that must be covered within each phase.</td></tr>
<tr><td>04 -</td><td>Supervised Play Therapy Experience</td><td>Required to include documentation of a minimum of 350 direct client contact hours, under the supervision of a Registered Play Therapist-Supervisor™ (RPT-S™).
<table>
<tr><th>Phase 1-Experience</th><th>Phase 2-Experience</th><th>Phase 3-Experience</th></tr>
<tr><td>Document 50-75 hours</td><td>Document 100-150 hours</td><td>Document 100-175 hours</td></tr>
</table>
See Section 04 for additional information on the appropriate acquisition of play therapy experience.</td></tr>
<tr><td>05 -</td><td>Play Therapy Supervision</td><td>Required to include documentation of a minimum of 35 hours of play therapy supervision and five (5) session observations during the accumulation of the supervised play therapy experience.
<table>
<tr><th>Phase 1-Supervision</th><th>Phase 2-Supervision</th><th>Phase 3-Supervision</th></tr>
<tr><td>Document 5-10 hours and supervisor must view/observe at least 1 session.</td><td>Document 10-15 hours and supervisor must view/observe at least 2 sessions.</td><td>Document 10-20 hours and supervisor must view/observe at least 2 sessions.</td></tr>
</table>
See Section 05 for additional information on supervision guidelines.</td></tr>
</table>

For answers to frequently asked questions, please visit the FAQ page on the APT Website.

Once earned, the credential must be renewed annually. Play therapy specific continuing education is due every 3-years (see **Section 09** for renewal criteria and process) to maintain the RPT™ Credential.

Application for the Registered Play Therapist™ (RPT) Credential

Applicant information and Fees

Provide your current contact information and indicate the best way to reach you. This information will be listed on our website once approved.

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

Employer: _____ Position Title: _____

Address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Work: _____ Cell Phone: _____

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

Please identify the primary play therapy theory studied: _____

Application Fee and Payment: A nonrefundable fee is required at the time application is submitted. Applications ***must be submitted in hard copy*** format by USPS or courier. Email/fax applications are not accepted.

Application Fee: $210 for members and $340 for non-members This fee does not include annual Membership.	$
Not a current Member? Join now as a Professional Member by including the Annual Professional Member Fee of $110.	$
Foundation Contribution: Consider including an optional tax-exempt donation to the foundation for play therapy to support play therapy research and promotion.	$
Total Enclosed:	$

If paying by Credit Card (VISA or MasterCard only):

Name on Card: _____ Exp. Date: _____

Card Number: _____ AVS 3-digit Code: _____

Billing Address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Signature: _____ Date: _____

Section 01 – Verification of License

Attach a copy of your current, active, and unconditional state mental health license in the general practice fields of counseling, marriage and family therapy, psychiatry, psychology, or social work indicating you are legally permitted to independently provide clinical mental health services. An add-on specialty license (e.g.: addictions, art therapy, dance/movement therapy, etc.) is not acceptable in lieu of a clinical mental health license in any of the aforementioned general practice disciplines.

License (LPC, LCSW, etc.): _____ License #: _____

Licensing Board: _____

Issued (mm/dd/yy): _____ Expires (mm/dd/yy): _____

Section 02 - Verification of Graduate Degrees and Core Content Coursework

Applicants must hold a master's or higher clinical mental health degree in one of the following general practice disciplines: counseling, marriage and family therapy, psychiatry, psychology, or social work. Please be advised that add-on specialties (e.g., addictions, art therapy, dance/movement therapy, etc.) or specialized degrees (e.g., dance therapy, art therapy counseling) cannot be substituted for a general clinical mental health degree in any of the aforementioned general practice disciplines. Attach a copy of your graduate transcript(s) issued by an accredited university and list specific courses that meet each of the core areas on the credentialing application. The date your graduate degree was conferred must be clearly visible.

Master's:

Degree/Field of Study _____ Institution _____ Year _____

Doctorate:

Degree/Field of Study _____ Institution _____ Year _____

Applicants must document a minimum of six (6) graduate-level courses to satisfy the six (6) core content area requirements. Each course may be applied to only one core content area; however, multiple courses may be used to fulfill a single core content area. Courses used to fulfill the required core content areas cannot be applied toward the 150-hour play therapy instruction requirement.

Please enter the course number and title as listed on your attached transcript(s) that corresponds with each required core content area. See **Section 02** of the Credentialing Standards for additional information.

Required Core Content Area	**List Course Number and Title from Attached Transcript(s)**	
	Course Number	**Course Title**
Child Development		
Theories of Personality		
Principles of Psychotherapy		
Child & Adolescent Psychopathology		
Cultural & Social Diversity		
Ethics		

Section 03 - Verification of Play Therapy Instruction

Applicants are required to complete 150 hour of play therapy specific instruction in five (5) primary areas, during the simultaneous completion of both play therapy experience and supervision, in a three-phase approach. See **Table 3.1** in the Credentialing Standards. Instructional hours must be accrued in a time period of no less than two (2) years and no more than ten (10) years.

Your Play Therapy Instruction is recorded in Section A of the Criteria Verification Form. For additional information on this requirement, please see **Section 03** of the Credentialing Standards. A separate Criteria Verification Form is required for each phase. Please do not submit original certificates. Only submit copies of certificates, as original certificates will be destroyed when the application is processed.

For play therapy instructional hours acquired prior to January 1, 2020, please see **Appendix I** for additional information, including documentation instructions.

Section 04 - Verification of Supervised Play Therapy Experience

Play therapy experience must be obtained under the supervision of an RPT-S™ who is recognized by their licensing boards as eligible to supervise; expected to know and abide by their respective ethics and standards; subject to disciplinary action by their respective licensing boards and accountable for the actions of their supervisees. Supervised Play Therapy Experience is required to occur in three separate but integrated phases. See **Table 4.1** in the Credentialing Standards. Only hours of direct client contact may be counted.

Your Supervised Play Therapy Experience is recorded in Section B of the Criteria Verification Form. For additional information on this requirement, please see **Section 04** of the Credentialing Standards. A separate Criteria Verification Form is required for each phase. Play therapy experience hours must be accrued in a time period of no less than two (2) years and no more than ten (10) years.

For supervised play therapy experience acquired prior to January 1, 2020, please see **Appendix I** for additional information, including documentation instructions.

Section 05 - Verification of Play Therapy Supervision

To provide play therapy supervision, supervisors must hold the RPT-S™ credential; be recognized by their licensing board as eligible to supervise; expected to know and abide by their respective ethics and standards; subject to disciplinary action by their respective licensing boards and accountable for the actions of their supervisees. In some situations, peer supervision or ongoing consultation may be used to meet this requirement. Play Therapy Supervision and the Observation of play therapy sessions are required to occur in three separate but integrated phases. See **Table 5.1** in the Credentialing Standards.

Your Play Therapy Supervision is recorded in Section C of the Criteria Verification Form. For additional information on this requirement, please see **Section 05** of the Credentialing Standards. A separate Criteria Verification Form is required for each phase. Play therapy supervision hours must be accrued in a time period of no less than two (2) years and no more than ten (10) years.

For supervision acquired prior to January 1, 2020, please see **Appendix I** for additional information, including documentation instructions.

Section 06 – Integration of Play Therapy Instruction, Experience, and Supervision

During this three-phase approach, applicants must demonstrate through documentation on the Criteria Verification Forms, the play therapy instruction, experience, and supervision required. Each form must be completed in its entirety and include all supporting documentation.

Instructions for Completion of Criteria Verification Form

1. **Applicant's name** must be included on each phase form.
2. **Date range** should identify the time period in which the play therapy instruction, experience, and supervision was completed by applicant. The date range on each Criteria Verification form may not overlap.
3. **Section A** – Play Therapy Instruction: To be completed by applicant. This section includes all play therapy instruction obtained during the date range specified. Applicants must complete the table in section A and attach copies of accredited university transcripts and training certificates issued by Approved Providers, respectively, to demonstrate that you earned the required number of hours during each phase.
4. **Sections B and C** – Play Therapy Experience & Supervision: To be completed by applicant and verified by supervisor. See chart on page 3 for the acceptable minimum and maximum number of hours of experience and supervision accepted within each Phase.
5. **Section D** – Play Therapy Competencies: To be reviewed and discussed with applicant. Applicant should meet all competencies by the completion of Phase 3.
6. **Section E** – Supervisor Attestation: To be completed by supervisor. This section serves as verification for the information documented in Sections A-D. The supervisor must also verify that the required number of observations have been met during each phase and indicate their role in the relationship as either that of supervisor or consultant.

Phase 1 – Criteria Verification Form

This form represents the process by which the supervisor verifies the completion of Phase 1 play therapy instruction, experience, and supervision. The supervisor is responsible for completing Sections D and E below as indicated in **Section 06** of the Credentialing Standards. **Phase 1** requirements must be met prior to progressing to **Phase 2**.

Applicant Name: _____

Date Range included in **Phase 1** documentation: ____/____/_____ thru ____/____/_____

The date ranges given above may not overlap with the date ranges for any other Phase.

Phase 1		
Instruction (Section 03)	**Experience** (Section 04)	**Supervision** (Section 05)
Hours Required: **35-55** Phase 1 only: • Seminal or Historically Significant Theories • 20-30 • Skills & Methods • 10-20 • Special Topics • 0-5 In Any Phase • History • up to 5 • Cultural & Social Diversity • up to 6 • Applicant's Choice • up to 9	At least **50**, but no more than **75** hours of Supervised Play Therapy Experience must be completed during Phase 1.	At least **5**, not more than **10** hours of Play Therapy Supervision must be completed during Phase 1. **Note:** Of the required 35 hours, no more than 15 group supervision hours will be accepted. Observe: **1** play therapy session

Section A: Play Therapy Instruction — Phase 1: 35-55 hours

Phase 1 requires the documentation of at least 35, but no more than 55 hours of instruction in play therapy received from Graduate coursework or APT Approved Providers. For additional information, see **Section 03** of the Credentialing Standards. Attach copies of CE certificates or transcripts and syllabi verifying training listed below.

Date(s) of Training	APT Approved Provider Number	Contact	Non-Contact	Course name/number	History	Seminal Theories	Skills and Methods	Special Topics	Cultural & Social Diversity	Applicant Choice
4/15/19	***99-101***	***7***		***Sample listing: Play Therapy 101***	***1***	***2.5***	***2.5***		***1***	
Totals:				**Totals:**						

Phase 1 – Criteria Verification Form (continued)

Section B: Play Therapy Supervised Experience — Phase 1: 50-75 hours

Phase 1 requires the documentation of at least 50, but no more than 75 hours of supervised play therapy experience (direct client contact hours only), while under the supervision of an RPT-S™. For additional information, see **Section 04** of the Credentialing Standards. For supervision received prior to January 1, 2020, also complete **Appendix I**.

Total number of direct client contact hours of Play Therapy Experience during Phase 1: _____

Section C: Play Therapy Supervision — Phase 1: 5-10 hours

All play therapy supervision must be with an RPT-S™. Phase 1 requires the documentation of at least 5, but no more than 10 hours of play therapy supervision concurrent with the supervised play therapy experience indicated above.

Total number of Play Therapy Supervision hours during Phase 1 date range: _____

Individual supervision hours: _____ # Group supervision hours: _____

Section D: Play Therapy Competencies

APT defines specific competency areas as fundamental to the effective practice of play therapy. Throughout each phase of supervision, discussions and assessments should be guided by these established competencies.

Applicant should meet all competencies by the completion of Phase 3.

Section E: Supervisor Attestation

- My role in this relationship is that of (select one): _____ Supervisor or _____ Consultant. See Terms for definitions of Supervisor and Consultant.
- The competencies listed in Section D have been reviewed and discussed with applicant.
- **I have observed _____ (enter #) play therapy sessions during this Phase.**
- I am comfortable with this applicant moving on to Phase 2.
- I hereby attest that all of the information provided on this form (Sections A, B, and C) is true and correct to the best of my knowledge and, per my license, I am eligible to supervise.

Start Date of Supervisory Relationship: ____/____/_____

Signature: _____ Date: _____ Telephone: _____

Name: _____ Degree: _____

RPT-S™ #: _____ License: _____ Issued by: _____

Phase 2 – Criteria Verification Form

This form represents the process by which the supervisor verifies the completion of Phase 2 play therapy instruction, experience, and supervision. The supervisor is responsible for completing Sections D and E below as indicated in **Section 06** of the Credentialing Standards. **Phase 2** requirements must be met prior to progressing to **Phase 3**.

Applicant Name: _____

Date Range included in **Phase 2** documentation: ____/____/_____ thru ____/____/_____

The date ranges given above may not overlap with the date ranges for any other Phase.

Phase 2		
Instruction (Section 03)	**Experience** (Section 04)	**Supervision** (Section 05)
Hours Required: **55-70** Phase 2 only: • Seminal or Historically Significant Theories • 25-30 • Skills & Methods • 25-30 • Special Topics • 5-10 In Any Phase • History • up to 5 • Cultural & Social Diversity • up to 6 • Applicant's Choice • up to 9	At least **100**, but no more than **150** hours of Supervised Play Therapy Experience must be completed during Phase 2.	At least **10,** not more than **15** hours of Play Therapy Supervision must be completed during Phase 2. **Note:** Of the required 35 hours, no more than 15 group supervision hours will be accepted. Observe: **2** play therapy sessions.

Section A: Play Therapy Instruction — Phase 2: 55-70 hours

Phase 2 requires the documentation of at least 55, but no more than 70 hours of instruction in play therapy received from Graduate coursework or APT Approved Providers. For additional information, see **Section 03** of the Credentialing Standards. Attach copies of CE certificates or transcripts and syllabi verifying training listed below.

Date(s) of Training	APT Approved Provider Number	Contact	Non-Contact	Course name/number	History	Seminal Theories	Skills and Methods	Special Topics	Cultural & Social Diversity	Applicant Choice
4/15/19	***99-101***	***7***		***Sample listing: Play Therapy 101***	***1***	***2.5***	***2.5***		***1***	
Totals:				**Totals:**						

Phase 2 – Criteria Verification Form (continued)

Section B: Play Therapy Supervised Experience **Phase 2: 100-150 hours**

Phase 2 requires the documentation of at least 100, but no more than 150 hours of supervised play therapy experience (direct client contact hours only), while under the supervision of an RPT-S™. For additional information, see **Section 04** of the Credentialing Standards.

Total number of direct client contact hours of Play Therapy Experience during Phase 2: _____

Section C: Play Therapy Supervision **Phase 2: 10-15 hours**

All play therapy supervision must be with an RPT-S™. Phase 2 requires the documentation of at least 10, but no more than 15 hours of play therapy supervision concurrent with the supervised play therapy experience indicated above.

Total number of Play Therapy Supervision hours during Phase 2 date range: _____

Individual supervision hours: _____ # Group supervision hours: _____

Section D: Play Therapy Competencies

APT defines specific competency areas as fundamental to the effective practice of play therapy. Throughout each phase of supervision, discussions and assessments should be guided by these established competencies.

Applicant should meet all competencies by the completion of Phase 3.

Section E: Supervisor Attestation

- My role in this relationship is that of (select one): _____ Supervisor or _____ Consultant. See Terms for definitions of Supervisor and Consultant.
- The competencies listed in Section D have been reviewed and discussed with applicant.
- **I have observed _____ (enter #) play therapy sessions during this Phase.**
- I am comfortable with this applicant moving on to Phase 3.
- I hereby attest that all of the information provided on this form (Sections A, B, and C) is true and correct to the best of my knowledge and, per my license, I am eligible to supervise.

Start Date of Supervisory Relationship: ____/____/_____

Signature: _____ Date: _____ Telephone: _____

Name: _____ Degree: _____

RPT-S™ #: _____ License: _____ Issued by: _____

Phase 3 – Criteria Verification Form

This form represents the process by which the supervisor verifies the completion of Phase 3 play therapy instruction, experience, and supervision. The supervisor is responsible for completing Sections D and E below as indicated in **Section 06** of the Credentialing Standards. **Phase 3** requirements must be met prior to submitting the application.

Applicant Name: _____

Date Range included in **Phase 3** documentation: ____/____/_____ thru ____/____/_____

The date ranges given above may not overlap with the date ranges for any other Phase.

Phase 3		
Instruction (Section 03)	**Experience** (Section 04)	**Supervision** (Section 05)
Hours Required: **45-60** Phase 3 only: • Any Theory • 10-15 • Skills & Methods • 15-20 • Special Topics • 20-25 In Any Phase • History • up to 5 • Cultural & Social Diversity • up to 6 • Applicant's Choice • up to 9	At least **100**, but no more than **175** hours of Supervised Play Therapy Experience must be completed during Phase 3.	At least **10**, not more than **20** hours of Play Therapy Supervision must be completed during Phase 3. **Note:** Of the required 35 hours, no more than 15 group supervision hours will be accepted. Observe: **2** play therapy session

Section A: Play Therapy Instruction — Phase 3: 45-60 hours

Phase 3 requires the documentation of at least 45, but no more than 60 hours of instruction in play therapy received from Graduate coursework or APT Approved Providers. For additional information, see **Section 03** of the Credentialing Standards. Attach copies of CE certificates or transcripts and syllabi verifying training listed below.

Date(s) of Training	APT Approved Provider Number	Contact	Non-Contact	Course name/number	History	Seminal Theories	Skills and Methods	Special Topics	Cultural & Social Diversity	Applicant Choice
4/15/19	***99-101***	***7***		***Sample listing: Play Therapy 101***	***1***	***2.5***	***2.5***		***1***	
Totals:				**Totals:**						

Phase 3 – Criteria Verification Form (continued)

Section B: Play Therapy Supervised Experience **Phase 3: 100-175 hours**

Phase 3 requires the documentation of at least 100, but no more than 175 hours of supervised play therapy experience (direct client contact hours only), while under the supervision of an RPT-S™. For additional information, see **Section 04** of the Credentialing Standards.

Total number of direct client contact hours of Play Therapy Experience during Phase 3: _____

Section C: Play Therapy Supervision **Phase 3: 10-20 hours**

All play therapy supervision must be with an RPT-S™. Phase 3 requires the documentation of at least 10, but no more than 20 hours of play therapy supervision concurrent with the supervised play therapy experience indicated above.

Total number of Play Therapy Supervision hours during Phase 3 date range: _____

Individual supervision hours: _____ # Group supervision hours: _____

Section D: Play Therapy Competencies

APT defines specific competency areas as fundamental to the effective practice of play therapy. Throughout each phase of supervision, discussions and assessments should be guided by these established competencies.

Applicant should meet all competencies by the completion of Phase 3.

Section E: Supervisor Attestation

- My role in this relationship is that of (select one): _____ Supervisor or _____ Consultant. See Terms for definitions of Supervisor and Consultant.
- The competencies listed in Section D have been reviewed and discussed with applicant.
- **I have observed _____ (enter #) play therapy sessions during this Phase.**
- I hereby attest that all of the information provided on this form (Sections A, B, and C) is true and correct to the best of my knowledge and, per my license, I am eligible to supervise.

Start Date of Supervisory Relationship: ____/____/_____

Signature: _____ Date: _____ Telephone: _____

Name: _____ Degree: _____

RPT-S™ #: _____ License: _____ Issued by: _____

Section 07 – Attestation by Applicant

By the signing of this attestation, I understand I am entering into a contractual relationship with APT.

0101. I have satisfied all applicable application criteria 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 state licensed to engage in independent clinical mental health practice for three (3) or more years past my initial date of state licensure and be permitted by state licensure to supervise.

0102. 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.

0103. My application includes the presentation of my primary, current, and active state license as an independent clinical mental health practitioner. There are no conditions on my ability to practice under my license. To the best of my knowledge, there are no outstanding complaints against me. Further, in the event of relocation, I agree to provide documentation to APT of the new license prior to commencing practice in that state.

0104. 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. To protect the public and reduce legal liability to APT, I understand that the issuance of RPT™ and 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.

0105. I agree to immediately notify APT in writing, if I:
   a. Have any disciplinary action taken against me by the applicable licensing authority;
   b. Have my license suspended or revoked or a condition placed on my license;
   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
   e. Fail to report any matter as described herein may result in the denial or revocation of my RPT™ or RPT-S™ credential.

0106. I acknowledge that my Credentialing application or renewal may be denied, suspended, or revoked, if I:
   a. Have a disciplinary action taken against me by the applicable licensing authority that results in the suspension or revocation of my license; or a condition is place on my license;
   b. 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;
   c. Falsify, by inclusion or omission, information on the Credentialing application or renewal or any supporting documents;
   d. Fail to complete the RPT™ or RPT-S™ credentialing application or renewal requirements or update my license expiration date in a timely manner;
   e. Represent my RPT™ or RPT-S™ credential as my primary credential or mental health qualification;
   f. Voluntary relinquish my license;
   g. Aid or engage in any conduct that is prejudicial to the purpose, interests, effectiveness, reputation, or image of the play therapy profession and/or APT; or
   h. Have adverse action taken against me pursuant to any policy or procedure adopted by APT from time to time.

0107. 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.

Applicant Initials: _____

0108. There have been no occurrences as described in item 0106 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.

0109. I have read and am familiar with the Play Therapy Best Practices endorsed by APT and displayed on its website, www.a4pt.org. I have read and am familiar with the Credentialing Standards issued by APT and displayed on its website, www.a4pt.org, and acknowledge and agree to the requirements set forth therein to obtain a RPT/S credential.

0110. APT shall have no responsibility or liability for the impact that the delay or rejection, for any reason, of a RPT™ or RPT-S™ application for, or renewal of, RPT/S credential may have on my professional standing or employment status.

0111. 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 0106 and/or 0107.

0112. 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 and the license in a mental health field that establishes the type of mental health services I am qualified to offer.

0113. 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 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.

0114. I agree that APT may revise its credentialing program and its criteria, process, and other aspects of the RPT™ and RPT-S™ credentials at its sole discretion and that all credentialing determinations are made at the sole discretion of APT based on all information received and reviewed and that APT may approve or deny my application or renewal application based on any and all information received by it during the application and renewal process or otherwise, including information that may be obtained independently or from third parties.

0115. I have read and agree to abide by the APT Privacy Policy as outlined on the APT website.

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 mental health professional in one of the generalist fields of counseling, marriage and family therapy, psychiatry, psychology, or social work and authorized to independently provide clinical mental health services by the licensing 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: _____

Application for the Registered Play Therapist™ (RPT) Credential

Appendix I – Play Therapy Experience and Supervision Accumulated Prior to January 1, 2020

This form is used to document all play therapy instruction, experience and supervision completed prior to January 1, 2020. If necessary, make and distribute copies of this form to all applicable parties.

The applicant is responsible for entering the dates and hours of instruction, experience and supervision received prior to January 1, 2020. The supervisor is responsible for verifying the data provided by applicant.

Please note: All applicants must meet the criteria as specified in the Credentialing Standards, including, but not limited to a) the 2-year minimum (see Sections 3, 4, & 5) and b) having a minimum of five (5) session observations (see Section 5).

Applicant

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

Telephone:_____Email: _____

Section 1: Play Therapy Instruction **Prior to January 1, 2020**

Use the following table to document, in date order, any play therapy instruction completed prior to January 1, 2020 received from graduate coursework or APT Approved Providers. For additional information, see **Section 8** of the Credentialing Standards. Attach copies of CE certificates or transcripts verifying training listed below.

Date(s) of Training	APT Approved Provider Number	Contact	Non-Contact	Course name/number	History	Seminal Theories	Skills and Methods	Special Topics	Cultural & Social Diversity	Applicant Choice
4/15/19	***99-101***	***7***		***Sample listing: Play Therapy 101***	***1***	***2.5***	***2.5***		***1***	
Totals:				**Totals:**						

Date(s) of Training	APT Approved Provider Number	Contact	Non-Contact	Course name/number	History	Seminal Theories	Skills and Methods	Special Topics	Cultural & Social Diversity	Applicant Choice
4/15/19	*99-101*	*7*		*Sample listing: Play Therapy 101*	*1*	*2.5*	*2.5*		*1*	
Totals:				**Totals:**						

Section 2: Play Therapy Supervised Experience — Prior to January 1, 2020

If your Supervisor was an RPT-S™, please document no less than 335 hours of play therapy experience and 35 supervision hours (max 15 group supervision).

If your Supervisor was NOT an RPT-S™, please document no less than 500 hours of play therapy experience and 50 supervision hours (max 20 group supervision).

Provide dates of: Supervised Play Therapy Experience (direct client contact):

From: _____ /_____/_____ To: _____ /_____/_____

Total # hours of Play Therapy Experience:_____

Section 3: Play Therapy Supervision — Prior to January 1, 2020

Provide total hours of: Play Therapy Supervision (time with Supervisor discussing cases concurrent with above dates):

Individual hours:_____ # *Group* hours: _____

Supervisor Verification
Applicant indicates s/he has completed the notated hours listed above with you. Please confirm by completing this section and return form to Applicant.

Any Supervisor who provided 10 or more hours of supervision must observe at least one (1) play therapy session. Failure to meet the required observation will void the supervised experience hours.

Section 4: Supervisor Attestation

- My role in this relationship is that of (select one): _____ Supervisor or _____ Consultant. See Terms for definitions of Supervisor and Consultant.
- **I have observed ___ (enter #) play therapy sessions.**
- I hereby attest that all of the information provided on this form (Sections 1, 2, and 3) is true and correct to the best of my knowledge and, per my license, I am eligible to supervise.

Signature: _____ Date: _____ Telephone: _____

Name: _____ Degree: _____ RPT-S™ #: _____

License: _____ Issued by: _____