



APT Play Therapy Credentialing Program Checklist **ASSOCIATION FOR PLAY THERAPY**

Purpose

The Association for Play Therapy (APT), a national professional society in the United States, acknowledges both the importance of effective communications with and mental health treatment for children, teens, and adults, and the consumer's right to make informed choices, particularly the choice of the play therapy modality as one treatment option. APT confers its Registered Play Therapist™ (RPT) and Registered Play Therapist-Supervisor™ (RPT-S) credentials upon those licensed professional mental health practitioners in order to better help consumers to identify to those licensed mental health professionals with specialized training and experience in play therapy.

Application Criteria

Specific words and terms used throughout this program and these materials are defined in the **APT Play Therapy Credentialing Program Guide** (page 9). To earn the Registered Play Therapist (RPT) and Registered Play Therapist-Supervisor (RPT-S) credentials, applicants must satisfy these criteria ("RPT/S" refers to both credentials):

_____ License: RPT/S applicants must hold current or active mental health licenses (or, if unavailable or not applicable, certifications) for clinical practice.

_____ Education: RPT/S applicants must have 1) earned a Master's or higher mental health degree from an institution of higher education and 2) completed APT-designated core graduate coursework, i.e. ethics, child development, theories of personality, principles of psychotherapy, and child/adolescent psychopathology.

_____ General Clinical Experience: RPT/S applicants must have completed at least two (2) years and 2,000 hours of supervised clinical experience, not more than 1,000 hours of which may be pre-Master's degree. RPT-S applicants must have completed an additional three (3) years and 3,000 hours of clinical experience which need not be supervised and must be at least five (5) years post-Master's mental health degree.

_____ Play Therapy Training: RPT/S applicants must have completed at least 150 hours of play therapy specific instruction from an institution of higher education or APT-approved providers of continuing education.

_____ Supervised Play Therapy Experience: RPT/S applicants must have completed at least 500 hours of supervised play therapy experience that included at least 50 hours of play therapy supervision. RPT-S applicants must have completed an additional 500 hours of play therapy experience which need not be supervised.

_____ Supervisor Training: Not applicable for RPT applicants. RPT-S applicants, however, must have completed at least four (4) hours of supervisor training that is not included in the 150 hours of play therapy training.

Renewal Criteria

_____ License: RPT/S designees must hold current or active mental health licenses (or, if unavailable or not applicable, certifications) for clinical practice.

_____ Continuing Education: RPT/S designees must have completed at least 36 hours of continuing education every three (3) years after initial approval. At least 18 play therapy hours, not more than nine (9) of which may be non-contact hours. RPT-S applicants must earn at least two (2) hours of supervisor training which, if play therapy specific, may be included in the aforementioned 18 hour minimum.

Application Checklist

- Reviewed the *APT Play Therapy Credentialing Program Guide*. Contact APT for clarifications.
- Reviewed the voluntary play therapy practice guidelines endorsed by APT and displayed on its website, www.a4pt.org.
- Submitted these completed items to APT:
- Signed application
 - Copy of license (or certification)
 - Transcripts of Master's or higher mental health degree
 - Form A documenting clinical experience and supervision
 - Transcripts and/or training certificates documenting play therapy instruction
 - Transcripts and/or training certificates documenting at least four (4) hours of supervisor training (RPT-S applicants only)
 - Non-refundable application fee (check, money order, credit card, USD only):

Application Fee	RPT	RPT-S
APT Professional Member	\$75	\$150
Non-APT Professional Member	\$125	\$200

Notification

APT notifies you that your application has or has not been approved within approximately 4-6 weeks. If approved, APT will transmit a pro-rated (thru March 31) billing statement to you for your annual credentialing fee:

Annual Fee	RPT	RPT-S
APT Professional Member	\$50	\$75
Non-APT Professional Member	\$100	\$125

Contact

Save time and reduce confusion. Thoroughly review the application and guide. If you still have questions or need assistance, do not hesitate to contact:

Carol Guerrero
Credentials Coordinator
Association for Play Therapy
2060 N. Winery Avenue, #102
Fresno, CA 93703 USA
Tel (559) 252-2278 ext 1
Fax (559) 252-2297
cguerrero@a4pt.org
www.a4pt.org



APT Play Therapy Credentialing Program Application **ASSOCIATION FOR PLAY THERAPY**

1.

Instructions: A detailed explanation of each item in this application appears in the *APT Play Therapy Credentialing Program Guide*. Complete and submit this application with required attachments to APT. For additional information or assistance:

Carol Guerrero
Credentials Coordinator
Association for Play Therapy
2060 N. Winery Avenue, #102
Fresno, CA 93703 USA
Tel (559) 252-2278 ext 1
Fax (559) 252-2297
cguerrero@a4pt.org

0100. Application for Play Therapy Credential

Check the play therapy credential for which this application applies (*check only one*):

- 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: _____

Tel (day): _____ (eve): _____ (msg): _____

Fax: _____ Email: _____

Highest MH Degree: _____ Primary MH Credential: _____

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

Area Newspaper: _____ Email/Fax: _____

0300. Verification of License or Certification

Attach copy of mental health professional license or certification.

If License: Type _____ Discipline _____ Expires _____
Licensing Board _____ License # _____

If Certification: Type _____ Discipline _____ Expires _____
Certifying Authority _____ Certification # _____

0400. Verification of Educational Degrees

Attach copy of graduate transcript for highest mental health degree.

Master's: Degree _____ Institution _____ Year _____
Department, School, or Program _____

Doctorate: Degree _____ Institution _____ Year _____
Department, School, or Program _____

0500. Verification of Core Academic Coursework

Highlight or otherwise note which courses in your attached academic transcripts satisfy each of the following criteria. If course names are not definitive, attach course syllabus or description. If still unsure, attach APT will preview your transcripts for a fee. RPT-S applicants must be at least five (5) years post-Master's mental health degree.

CORE COURSEWORK	INSTITUTION	COURSE NUMBER	DATE CREDIT AWARDED
Child Development (physical, psychosocial, and psychosexual)			
Theories of Personality			
Principles of Psychotherapy (individual, family, and group)			
Child & Adolescent Psychopathology			
Legal, Ethical & Professional Issues			

0600. Verification of not less than Four (4) Hours of Supervisor Training (for RPT-S applicants only)

Attach training certificate(s) or institutional transcript(s).

COURSE OR CONTENT AREA	INSTITUTION or TRAINING PROVIDER	COURSE NUMBER (if applicable)	# HOURS	DATE CREDIT AWARDED
Supervisor Training				
Supervisor Training				
Supervisor Training				

0700. Play Therapy Specific Training

Attach copies of APT-approved play therapy training certificates or institutional transcripts to substantiate at least 150 hours of play therapy specific training disbursed among the four (4) content areas shown below. Training certificates will NOT be accepted if they do not display the applicable APT Approved Provider number.

COURSE OR CONTENT AREA	INSTITUTION or APT-APPROVED PROVIDER	COURSE NUMBER (if applicable)	# HOURS	DATE CREDIT AWARDED
Play Therapy History (4-5 hrs recommended)				
Play Therapy Theories (40-50 hrs recommended)				
Play Therapy Techniques or Methods (40-50 hrs recommended)				
Play Therapy Applications (special settings or populations, 40-50 hrs recommended)				

0800. Verification of Clinical Experience & Supervision

Attach Form A to document your general clinical experience and play therapy experience and supervision. Record cumulative data below.

Transfer Data from Form A	RPT	RPT-S
Supervised General Clinical Experience (# hours)		
Supervised Play Therapy Experience (# hours)		
Play Therapy Supervision (# hours)		

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 am at least five (5) years post-Master's mental health degree.
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 presentment of my a) current active license by the primary or state licensing authority within my primary mental health professional discipline and territory of practice or, b) if license is unavailable or not applicable, certification by the primary certification authority in my primary mental health professional discipline. My license or certification identified in this application is in good standing and 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:
- a. 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;
 - 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 RPT/S application or renewal or any supporting documents;
 - d. Fail to complete RPT/S credentialing application or renewal requirements in a timely manner;
 - e. Represent my RPT/S credential as my primary credential or mental health qualification; or
 - f. Voluntarily relinquish my license or certification.
0907. I agree to immediately notify APT, by certified, registered or receipted mail, if I:
- a. Have any complaint made against me to a licensing or certification authority;
 - b. Have any disciplinary action taken against me by the applicable licensing or certification authority;
 - c. Have my license or certification suspended or revoked;
 - d. 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;
 - e. Voluntarily relinquish my license or certification; or
 - f. 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 voluntary play therapy practice guidelines 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.
0915. I fully understand and agree to abide by the terms and conditions of this agreement by which APT may confer a RPT/S credential to me. I attest that all of the above information is true and correct to the best of my knowledge.
0916. **Applicant Signature** _____ **Date** _____

1000. Application Fee and Payment

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

RPT: \$75 member \$125 non-member
RPT-S: \$150 member \$200 non-member

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)
 Credit Card: Visa MasterCard

If payment by credit card:

Account Number _____ Expiration Date _____

Print Name (on card) _____ Signature _____

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

1100. Disposition of Application by APT

Approved.
 Not approved. Explanation: _____

APT Signature: _____ Date _____

Carol Guerrero
Credentials Coordinator
Association for Play Therapy
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Fresno, CA 93703 USA
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cguerrero@a4pt.org
www.a4pt.org



APT Play Therapy Credentialing Program Form A

ASSOCIATION FOR PLAY THERAPY

APPLICANT: Name _____ Degree/Credentials _____ Date _____

Address _____ ZIP _____ Telephone (____) _____

CRITERIA	DATES & HOURS (completed by Applicant)	VERIFIER (completed by Supervisor)
<p>1. SUPERVISED GENERAL CLINICAL EXPERIENCE</p> <p>RPT & RPT-S Applicants – Two (2) years and 2,000 direct contact hours of supervised clinical experience, not more than one year or 1,000 hours of which may be accrued while earning Masters degree.</p> <p>RPT-S Applicants – In addition to above, three (3) years and 3,000 direct contact hours of clinical experience.</p>	<p>RPT & RPT-S Applicants – Provide dates of Supervised General Clinical Experience:</p> <p>From: ____/____/____ To: ____/____/____</p> <p>Total # hours: _____</p> <p>RPT-S Applicants – Provide dates of additional General Clinical Experience:</p> <p>From: ____/____/____ To: ____/____/____</p> <p>Total # Additional hours: _____</p>	<p>Applicant indicates s/he has completed all or some of these Supervised General Clinical Experience hours with you. Please confirm by completing this section and return form to Applicant.</p> <p>Name: _____</p> <p>Highest MH degree earned: _____</p> <p>Telephone: _____</p> <p>License: _____ Issued by: _____</p> <p>Credential: _____ Issued by: _____</p> <p>RPT-S #: _____</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: _____</p> <p>Date: _____</p>
<p>2. SUPERVISED PLAY THERAPY EXPERIENCE</p> <p>RPT Applicants – 500 hours of supervised play therapy experience.</p> <p>RPT-S Applicants – 1,000 hours of play therapy experience, 500 hours of which need not be supervised.</p>	<p>RPT & RPT-S Applicants – Provide dates of Supervised Play Therapy Experience:</p> <p>From: ____/____/____ To: ____/____/____</p> <p>Total # hours of Play Therapy under Supervision: _____</p> <p>RPT-S Applicants – If less than 1,000 hours above, provide dates of additional Play Therapy Experience to equal or exceed 1,000 hours:</p> <p>From: ____/____/____ To: ____/____/____</p> <p>Total # hours of Additional Play Therapy Experience: _____</p>	<p>Applicant indicates s/he has completed all or some of these Supervised Play Therapy Experience hours with you. Please confirm by completing this section and return form to Applicant.</p> <p>Name: _____</p> <p>Highest MH degree earned: _____</p> <p>Telephone: _____</p> <p>License: _____ Issued by: _____</p> <p>Credential: _____ Issued by: _____</p> <p>RPT-S #: _____</p> <p><i>I 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>Signature: _____</p> <p>Date: _____</p>
<p>3. PLAY THERAPY SUPERVISION</p> <p>RPT & RPT-S Applicants – Not fewer than 50 hours of play therapy supervision.</p> <p>Restrictions – Not more than 15 hours of group supervision.</p> <p><i>Any Supervisor providing 10 or more hours of supervision must observe at least one (1) play therapy session during the 10 or more hours of supervision.</i></p>	<p>RPT & RPT-S Applicants – Provide dates of Play Therapy Supervision:</p> <p>From: ____/____/____ To: ____/____/____</p> <p># Individual hours: _____</p> <p># Group hours: _____</p> <p># Total hours: _____</p>	<p>Applicant indicates s/he has completed all or some of these Play Therapy Supervision hours with you. Please confirm by completing this section and return form to Applicant.</p> <p>Name: _____</p> <p>Highest MH degree earned: _____</p> <p>Telephone: _____</p> <p>License: _____ Issued by: _____</p> <p>Credential: _____ Issued by: _____</p> <p>RPT-S #: _____</p> <p><i>I [have ___] [have not ___] observed at east 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>Signature: _____</p> <p>Date: _____</p>

Applicants: If necessary, make and distribute copies of this form to all applicable parties to be returned to you (or APT, 2060 N. Winery Avenue, #102, Fresno, CA 93703 USA, Tel (559) 252-2278, Fax (559) 252-2297, cguerrero@a4pt.org).



APT Play Therapy Credentialing Program Guide ASSOCIATION FOR PLAY THERAPY

PURPOSE

The Association for Play Therapy (APT), a national professional society in the United States, acknowledges both the importance of effective communications with and mental health treatment for children, teens, and adults, and the consumer's right to make informed choices, particularly the choice of the play therapy modality as one treatment option. APT confers its Registered Play Therapist™ (RPT) and Registered Play Therapist-Supervisor™ (RPT-S) credentials upon those licensed professional mental health practitioners in order to better help consumers to identify to those licensed mental health professionals with specialized training and experience in play therapy.

APPLICATION CRITERIA

Although described in greater detail herein, the summary below describes those criteria that applicants must satisfy to earn the Registered Play Therapist (RPT) and Registered Play Therapist-Supervisor (RPT-S) credentials. An application is valid for the 12 months after its submission date. There is no limit on the time required to earn the RPT/S credentials.

#	CRITERIA	RPT	RPT-S
1	License/Certification	Must hold mental health license (or, if unavailable or not applicable, certification) for clinical practice.	Must hold mental health license (or, if unavailable or not applicable, certification) for clinical practice.
2	Educational Degrees	Must have earned a Master's or higher mental health degree from an institution of higher education. Must have also completed APT-designated core graduate coursework, i.e. ethics, child development, theories of personality, principles of psychotherapy, and child/adolescent psychopathology.	Must have earned a Master's or higher mental health degree from an institution of higher education. Must have also completed APT-designated core graduate coursework, i.e. ethics, child development, theories of personality, principles of psychotherapy, and child/adolescent psychopathology.
3	Clinical Experience	Must have completed at least 2 years and 2,000 hours of supervised clinical experience, not more than 1,000 hours of which may be pre-Master's degree.	Must have completed at least 2 years and 2,000 hours of supervised clinical experience, not more than 1,000 hours of which may be pre-Master's degree. Must have completed an additional 3 years and 3,000 hours of clinical experience (which need not be supervised) and be at least five (5) years post-Master's mental health degree.
4	Play Therapy Training	Must have completed at least 150 hours of play therapy specific instruction from an institution of higher education or APT-approved provider of continuing education.	Must have completed at least 150 hours of play therapy specific instruction from an institution of higher education or APT-approved provider of continuing education.
5	Supervised Play Therapy Experience	Must have completed at least 500 hours of supervised play therapy experience that included at least 50 hours of play therapy supervision.	Must have completed at least 500 hours of supervised play therapy experience that included at least 50 hours of play therapy supervision. Must have completed an additional 500 hours of play therapy experience which need not be supervised.
6	Supervisor Training	None.	Must have completed at least 4 hours of supervisor training that is not included in the 150 hours of play therapy training.

RENEWAL CRITERIA

#	CRITERIA	RPT	RPT-S
1	License/Certification	Must hold mental health license (or, if unavailable or not applicable, certification) for clinical practice.	Must hold mental health license (or, if unavailable or not applicable, certification) for clinical practice.
2	Continuing Education	Must have completed at least 36 hours of continuing education every three years after initial approval. <ul style="list-style-type: none"> ▪ At least 18 play therapy hours, not more than 9 of which may be non-contact hours. 	Must have completed at least 36 hours of continuing education every three years after initial approval. <ul style="list-style-type: none"> ▪ At least 18 play therapy hours, not more than 9 of which may be non-contact hours. ▪ At least 2 hours of supervisor training which, if play therapy specific, may be included in the aforementioned 18 hour minimum.

GENERAL INSTRUCTIONS

1. Type or print legibly in ink.
2. Complete and sign the application. Provide all requested information.
3. Attach one or more completed and signed copies of Form A.
4. Except to distinguish between persons with identical names, APT utilizes only first and last names in its data base and in lists, correspondence, and other communications.
5. Provide your daytime and evening telephone numbers, fax number, and email address. APT prefers to communicate with you by email and, if necessary, by daytime telephone.
6. Provide your highest mental health degree, e.g. PhD, EdD, PsyD, DSW, MA, MS, MEd, MSW, etc.
7. Provide your primary mental health credential(s), e.g. LCP, LPC, LCSW, LMFT, etc. Do not provide art therapy, play therapy, and other secondary credentials.
8. If you are a US citizen, provide only the last four (4) digits of your Social Security Account Number (SSAN). This number is confidential and used only to verify your license, credentials, or identity if your name changes.
9. Provide all dates in this format – mm/dd/yyyy.
10. If you wish to ensure that your educational coursework is complete and that you have satisfied the core course requirement before you submit your application and non-refundable application fee, you may ask the Credentials Coordinator to preview your transcripts for a \$50 fee, \$25 of which may later be applied to your application fee.
11. RPT/S applications/renewals and requests for information/assistance are directed to:

Carol Guerrero
 Credentials Coordinator
 Association for Play Therapy
 2060 N. Winery Avenue, #102
 Fresno, CA 93703 USA
 Tel (559) 252-2278 ext 1
 Fax (559) 252-2297
cguerrero@a4pt.org

TERMS

To ensure clarity of understanding and to both simplify and standardize usage, the meaning of these words and phrases are described below:

1. "APT" refers to the Association for Play Therapy, a national professional society in the United States.
2. "RPT" is the acronym for the Registered Play Therapist credential.
3. "RPT-S" is the acronym for the Registered Play Therapist-Supervisor credential.
4. "RPT/S" is the collective acronym for both the Registered Play Therapist (RPT) and Registered Play Therapist-Supervisor (RPT-S) credentials.
5. "Affiliation" refers to the name of your employer or practice, e.g. university, public agency, nonprofit organization, private practice, or other entity from which you earn more than half of your annual gross personal income.
6. "Job position" refers to the title of your position (e.g. associate professor, director, staff therapist, owner, etc.) at your employment or practice.
7. "Address" refers to the address, including city, state or province, Zip or postal code, and nation, to which APT will correspond with and, if applicable, send package deliveries.
8. "CE" is the acronym for "continuing education" (or "training") hours earned at conferences, workshops, and other forums. CE hours do not refer to "continuing education units" (CEU) typically offered by academic institutions.
9. "Approved Providers" refers to APT-approved providers of play therapy continuing education (or training).
10. "Institutions" refers to institutions of higher education, i.e. colleges and universities.
11. "Mental health degree" refers to earning a Master's or higher mental health degree from an institution of higher education.
12. "License" refers to a current (or active) license to provide mental health services as a clinical practitioner in the state where you practice. Examples of acceptable licenses include but are not limited to Licensed Clinical Psychologist (LCP), Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), and Licensed Marriage and Family Therapist (LMFT).
13. "Certification" refers to certification by a mental health or governing authority that promulgates, investigates, and penalizes for violations of mental health standards for practitioners and is accepted for application purposes only where a license is unavailable or not applicable. Certification is defined similar to a license wherein general mental health knowledge and competency are measured and examined. Acceptable certification authorities are public agencies that certify school counselors, psychologists, and other mental health professionals and the National Board for Certified Counselors or Affiliates (NBCC). Certification alone is not accepted by APT where a license can be obtained.
14. "Clinical practitioner" refers to a mental health professional duly educated, trained, and experienced in the delivery of direct, preventive, assessment, and therapeutic intervention services in their primary disciplines to individuals whose mental health growth, adjustment, or functioning is impaired or is demonstrated to be at high risk of impairment.
15. "Member" refers to a Professional, International, or Affiliate member of the Association for Play Therapy. You do not need to be a member to earn and maintain a RPT/S credential.
16. "Application fees" or "Renewal fees" refer only to RPT/S fees paid to obtain or maintain a RPT/S credential respectively. These fees should not be confused with APT membership dues. Membership dues are billed and collected separately according to each member's anniversary month and entitle members to various membership benefits, e.g. publications, program fee discounts, program participation, etc.
17. "Play therapy supervision" refers to either play therapy supervision or case consultation.
18. "Executive Director" refers to the Executive Director of the Association for Play Therapy.
19. "Committee" refers to the Ethics & Practices Committee of the Association for Play Therapy.
20. "President" refers to the President of the Association for Play Therapy.

APPLICATION

0100. Application for Play Therapy Credential

- Check the play therapy credential for which you are applying – RPT or RPT-S.

0200. Applicant information section

- Complete the application as directed in the Forms section of these guidelines.
- Attach the applicable forms requested when submitting your application.
- Post the name of your primary local or regional newspaper and the fax number or email address of its community or business news editor. A news release may be dispatched if your application is approved. Your name, contact telephone number, and email address is included in this release to help the media contact you for comment or details.

0300. Verification of your License or Certification

- Demonstrate that you are a licensed mental health professional and responsible for adhering to the standards and ethics of your primary discipline by attaching a copy of your current (or active) mental health license and posting the information requested in this section of your application. Mental health licenses include but are not limited to LCP, LPC, LCSW, and LMFT and are typically issued by state boards responsible for regulating mental health practitioners.
- If a license is unavailable or not applicable, demonstrate that you are a certified mental health professional and responsible for adhering to the standards and ethics of your certification authority or workplace by attaching a copy of your current (or active) mental health certification and posting the information requested in this section of your application. Acceptable mental health certifications include those conferred by public agencies that certify school counselors, psychologists, and other mental health professionals and the National Board for Certified Counselors or Affiliates (NBCC) and that promulgate mental health standards and ethics, investigate violations of such, and examine knowledge and competency.
- To protect the public and reduce legal liability to APT, RPT/S credentials are based upon your adherence to the ethics and standards of conduct promulgated by your primary mental health discipline and not linked to those voluntary practice guidelines promulgated by APT.

0400. Verification of Education Degrees

- Demonstrate that you have earned a Master's or higher mental health degree from an institution of higher education by attaching the applicable academic transcripts and posting the information requested in this section of your application.
- If you do not have a copy of such transcripts, ask the applicable university or college registrar to forward a copy to you (or APT).
- If an RPT-S applicant, you must be at least five (5) years post-Master's mental health degree.

0500. Verification of Core Academic Coursework

- Demonstrate that you have completed Master's level or higher academic coursework in five (5) specific core areas – 1) Child Development, 2) Theories of Personality, 3) Principles of Psychotherapy, 4) Child and Adolescent Psychopathology, and 5) Legal, Ethical & Professional Issues – by highlighting them on your academic transcripts and posting the information requested in this section of your application.
- Each of the specific core areas are described as follows:
 1. Child Development – biological, psychological, and social development.
 2. Theories of Personality – understanding of personality development.
 3. Principles of Psychotherapy – individual, family, and group psychotherapy.
 4. Child and Adolescent Psychopathology – abnormal child psychology.
 5. Legal, Ethical, and Professional Issues – state and national legal practices, discipline's ethical code and standards of practice.
- If the course titles on your transcripts are not definitive, attach a copy of those course syllabi.
- If you are unsure about whether you have satisfied these core coursework criteria, the APT Credentialing Coordinator will preview your academic transcripts for a fee, a portion of which may later be applied to your non-refundable application fee.

0600. Verification of not less than Four (4) Hours of Supervisor Training (RPT-S applicants only)

- Demonstrate that you have obtained at least four (4) hours of didactic supervisor training in the theory and practice of supervision by attaching the applicable transcripts or training certificates and posting the information requested in this section of your application.
- These hours refer to specific training about being a supervisor and cannot be earned from supervision experience. If you have received this training in a Theory and Practice of Supervision course, note this in your transcript or training certificate.
- The hours earned to satisfy this requirement do not need to be play therapy specific. They are calculated in addition to and not part of the 150 clock hours in play therapy specific training.

0700. Play Therapy Specific Training

- Demonstrate that you have obtained at least 150 clock hours of play therapy specific instruction from institutions of higher education or Approved Providers by attaching copies of transcripts or certificates and posting the information requested in this section. [Note: Hours earned from non-institution providers prior to January 1, 1999 need not be APT-approved]
- To encourage a broad play therapy perspective and knowledge, your 150 hours of play therapy specific training must be disbursed among four (4) content areas. Although no specific distribution is required, APT recommends the following general distribution:
 1. Play Therapy History – 4-5 hours

2. Play Therapy Theories - 40-50 hours.
 3. Play Therapy Techniques or Methods - 40-50 hours.
 4. Play Therapy Applications - 40-50 hours.
- One clock hour of continuing education from an Approved Provider equals one hour of training. If training is earned at institutions of higher education, however, calculate the number of hours as follows: [number of weeks] x [number of class clock hours per week] x [1.5 factor]. Example: [15-week course] x [3 graduate hours per week] x [1.5 factor] = 67.5 hours.
 - Regarding the eligibility and calculation of play therapy training hours:
 1. If training is earned from Approved Providers, training certificates will be accepted ONLY if they display the mandatory "APT Approved Provider #XX-XXX" phrase.
 2. Not more than 50 of the 150 hours may be earned via non-contact training from institutions or Approved Providers.
 3. Effective January 1, 2003, not more than 135 hours may be earned from the same instructor.
 4. Audited courses must be displayed on transcripts and such *seat time* is calculated in one of two methods:
 - Actual number of *seat time* clock hours. Example: [15-week course] x [3 graduate hours per week] x [1.0 factor] = 45 hours.
 - If, however, the instructor produces a letter attesting that the student also completed all assignments and projects, then additional credit is earned. Example: [15-week course] x [3 graduate hours per week] x [1.5 factor] = 67.5 hours.

0800. Form A: Verification of Clinical Experience & Supervision (completed by applicant)

- **Supervision:**
 1. Supervision is a regularly occurring examination of a practitioner's work in order to encourage responsible provision of services, promote the best interests of the client, foster acquisition and refinement of skills, and promote professional development. It typically comprises review of case notes, charts and records, audio or visual tapes in order to evaluate the appropriateness of assessments, treatment plans, and therapeutic skills.
 2. Supervision typically occurs privately in a professional setting or within a group of not more than 10 supervisees. Ineligible supervision occurs in groups larger than 10 supervisees, groups where leadership shifts, staff or team meetings, consultation sessions, quality assurance or review groups, or intensive training forums.
 3. Supervision consists of direct, formal contact with a senior person who is responsible for your educational development and guidance. Class work or other course-related experience is excluded unless you satisfy this requirement via a clinical practicum, internship, or other field placement.
 4. Supervision must be for your direct provision of mental health services to individuals or groups of clients and/or patients. Neither your supervision of others nor your own personal growth experience gained via personal therapy nor encounter groups are eligible.
 5. Each mental health professional who supervised your direct contact hours of supervised clinical experience must complete the applicable Verifier portion(s) of Form A. Make copies and distribute Form A to each supervisor and ask that they complete and return Form A to you for attachment to your RPT/S application. Each supervisor must attest that the information that they have provided and verified is true and correct to the best of their knowledge by posting their name, job or position title, signature, and date.
 6. The responsibility for documenting that all supervision completed or obtained by you rests solely with you.
- **Supervisors:**
 1. Are accountable for the actions of their supervisees.
 2. Are mental health professionals who are licensed or certified to practice in their respective primary disciplines, recognized by their licensing boards as eligible to supervise, expected to know and abide by their respective ethics and standards, and be subject to disciplinary action by their respective boards of license or certification.

A. Supervised General Clinical Experience:

1. **RPT & RPT-S Applicants**
 - Demonstrate that you have completed at least two (2) years and 2,000 direct contact hours of supervised general clinical experience by completing Section 1 of Form A.
 - Not more than one year or 1,000 hours may be completed while earning your Master's degree during a formal internship, practicum, or other appropriate fieldwork. The ideal ratio of supervision to direct service is roughly 1:10.
 - The post-Master's degree hours must consist of not less than one year or 1,000 hours of supervised experience.
 - If you possess mental health license that satisfies the above requirements, attach a copy of your license and a copy of the supervision requirements for license. Often such license information is displayed in the website of the licensing authority.
 - You may simultaneously complete and record your 2,000 hours of supervised general clinical experience and all of your play therapy experience and supervision on Form A.
2. **RPT-S Applicants**
 - In addition to satisfying the above requirement, demonstrate that you have completed not less than three (3) years and 3,000 additional direct contact hours of general clinical experience after receipt of your Master's degree by completing Section 1 of Form A. During this period, your initial two (2) years and 2,000 hours must be under supervision.
 - If you possess a mental health license that satisfies the two (2) years and 2,000 hours under this supervision requirement, attach a copy of your license and a copy of the supervision requirements for license. Often such license information is displayed in the website of the license authority.
 - You may simultaneously complete and record your 5,000 hours of general clinical experience and all of your play therapy experience and supervision on Form A.

B. Supervised Play Therapy Experience:

1. RPT & RPT-S Applicants

- Demonstrate that, during or after your receipt of a Master's degree in the field of your current license or certification, you completed at least 500 direct contact hours of supervised play therapy experience by completing Section 2 of Form A.
- These supervised play therapy experience hours may or may not represent a portion of the hours used to fulfill the overall requirement of 2,000 or 5,000 direct contact hours for RPT/S applicants.
- When calculating supervised play therapy experience, if your supervisor is not a RPT-S, each clock hour of experience equals one hour. However, if your supervisor is a RPT-S, the value of each hour is 1.5 hours. Example: If you obtained 200 hours of experience from a RPT-S, calculate it as [200 hours] x [1.5 factor] = [300 hours]. If you obtain your remaining 200 hours from a non-RPT-S supervisor, then calculate it as [300 hours by RPT-S] + [200 clock hours by non-RPT-S] = [500 hours total]. Contact APT for calculation assistance if necessary.

2. RPT-S Applicants

- Demonstrate that you completed at least 500 hours of additional play therapy experience beyond that required above by completing Section 2 of Form A. Of the required 1,000 hours of play therapy experience, only 500 hours must be supervised.

C. Play Therapy Supervision

1. RPT & RPT-S Applicants

- Demonstrate that you were supervised for not less than 50 hours while completing your 500 direct contact hours of play therapy experience by completing Section 3 of Form A.
- If supervision was completed at an APT approved play therapy training, attach copies of your completion certificates to your application and Form A. The phrase "APT Approved Provider XX-XXX" must appear on each certificate.

2. Supervision

- When calculating play therapy supervision, if your supervisor is not a RPT-S, each clock hour of supervision equals one hour. However, if your supervisor is a RPT-S, the value of each hour of supervision is 1.5 hours. Example: If you obtained 20 hours of supervision from a RPT-S, calculate it as [20 hours] x [1.5 factor] = [30 hours]. If you obtain your remaining 20 hours from a non-RPT-S supervisor, then calculate it as [30 hours by RPT-S] + [20 clock hours by non-RPT-S] = [50 hours total]. Contact APT for calculation assistance if necessary.
- The acceptable ratio of supervision hours to contact hours is between 1:10 and 1:25. Of these 50 hours, you must receive at least 10 hours of supervision with one (1) supervisor and be observed by that supervisor for not less than one (1) hour.
- To satisfy this requirement, case consultations are also defined as supervised play therapy experience.

3. Types of Supervision.

- *Individual Supervision.*
 - a. *In Person:* You may be supervised by personally meeting with your supervisor to discuss your play therapy case notes, reports, videotapes, or DVDs of your play therapy sessions, or by together watching and discussing your videotaped play therapy sessions. There is no limit to the number of hours that you may obtain in this manner.
 - b. *Distance:* You may be supervised by meeting with your supervisor via telephone or online to discuss your play therapy case notes, reports, videotapes, or DVDs of your play therapy sessions. You must also verify your identity by either meeting at least once with your supervisor or providing a notarized copy of your photo to your supervisor. There is no limit to the number of hours that you may obtain in this manner.
 - c. *Individual in Group:* You may obtain individual supervision within a group. Example: The supervisor and your group, which may not exceed 10 supervisees, focuses upon your play therapy case notes, reports, or videotapes of your play therapy sessions. There is no limit to the number of hours that may be obtained in this manner.
- *Group Supervision.* You may obtain supervision in a group which may not exceed 10 supervisees. Not more than 15 hours of group supervision may be applied toward your RPT/S credential.

0900. Attestation by Applicant

- By signing the application, you acknowledge:
 1. That you agree to abide by the terms and conditions of the application.
 2. That you are establishing a contractual relationship with APT.
 3. That APT reserves the right to unilaterally revise, from time to time, the terms and conditions, governing policies, approval and renewal criteria, and other facets of this agreement.
 4. That you accept sole and total responsibility for the accuracy and completeness of the information provided in your application.

1000. Application fee and payment

- Application fees. Check the applicable non-refundable application fee from this schedule:
 - \$75.00 – RPT applicant who is an APT member.
 - \$125.00 – RPT applicant who is not an APT member.
 - \$150.00 – RPT-S applicant who is an APT member.
 - \$200.00 – RPT-S applicant who is not an APT member.
- Annual fees. Upon approval of your application, you will be billed a pro-rated amount of the following schedule:

- \$50.00 – Member RPT
- \$100.00 – Non-Member RPT
- \$75.00 – Member RPT-S
- \$125.00 – Non-member RPT-S
- Payment must be made payable only to “APT” and only in US dollars by check, money order, or credit card. If by check, ensure that it displays your name and contact information. A \$20 fee is assessed for insufficient funds. If by credit card, APT accepts only Visa or MasterCard.

1100. Renewal of RPT/S Credentials

- If your application is approved, you may maintain your RPT/S credential as follows:
 - Pay annual fee described in Section 1000 by March 31.
 - Demonstrate that you have earned at least 36 hours of continuing education during each 36-month credential renewal cycle per these options:
 1. **RPT & RPT-S Applicants:** Earn not less than 18 hours of play therapy specific training.
 - Training must be earned from institutions and/or Approved Providers.
 - Not more than 18 of the 36 hours may be earned via non-contact learning. Of those 18 non-contact hours, not more than nine (9) hours may be play therapy specific.
 2. **RPT-S Applicants:** After March 31, 2007, earn not less than 2 hours of supervisor training. If play therapy specific, these hours may be included in the previous criteria regarding 18 hours of play therapy specific training. This requirement can also be satisfied by providing supervisory instruction, training, or for authoring or editing supervisory materials.
 3. Earn not more than 24 hours via one or more of these play therapy specific options:
 - Provide play therapy graduate instruction at an institution of higher education, conference, workshop, or other mental health training (1 clock hour of instruction = 1 hour of credit).
 - Author a play therapy publication or article or chapter therein (1-15 pages, 3 hours; 16-50 pages, 6 hours; 51-150 pages, 12 hours; and 151 or more pages, 18 hours).
 - Edit a play therapy text (150 or more pages, 24 hours).
 - Provide public play therapy education at a non-mental health forum or to a non-mental health audience (1 clock hour of education = 1 hour of credit).
 4. All continuing education hours submitted must be supported by either official transcripts from institutions or training completion certificates from Approved Providers. Copies of course syllabi, registration materials, training programs, promotional flyers, etc. may be requested if you are randomly audited by APT.

1200. Denial of RPT/S Initial or Renewal Applications; Revocation, Suspension, or Placing on Probation of RPT/S Credentials

- A RPT/S application may be denied or a RPT/S credential revoked, suspended, or placed on probation for one or more of these reasons:
 1. Disciplinary action is taken against you by the applicable licensing or certification authority that results in the suspension or revocation of your license or certification;
 2. Conviction 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;
 3. Falsification, by inclusion or omission, information on the RPT/S application or renewal or any supporting documents;
 4. Failure to complete RPT/S credentialing application or renewal requirements in a timely manner;
 5. Representing your RPT/S credential as your primary credential or mental health qualification; or
 6. Voluntary relinquishment of your license or certification.

1300. Complaint Process

- APT only considers revoking, suspending, or the placing on probation of RPT/S credentials as follows:
 1. A complainant files a formal written complaint against one or more mental health professionals with RPT/S credentials with their applicable mental health boards of license or, if license unavailable or not applicable, certifying authorities.
 - For example, if the California Board of Behavioral Sciences has issued a license to a RPT/S designee, then a complainant will be advised by APT to file a formal complaint with that board.
 - If the identity of the applicable authority is unknown to a complainant, the latter may contact APT to learn the identity of the authority upon which the RPT/S designee’s application or renewal application is based.
 2. If the formal complaint results in an adverse finding about and disciplinary action against a RPT/S, the complainant may then file with the Executive Director a) a formal written complaint and b) a copy of the official written resolution to the complaint previously filed with the applicable licensing or certifying authority.
 - Complainants may themselves forward - or ask that the applicable mental health licensing or certifying authorities forward - a copy of their resolutions to the Executive Director.
 - APT may take no action with respect to the RPT/S designees against whom formal complaints are filed until its receipt of such formal written complaint resolutions.
 3. If the resolution of any formal complaint is adverse to a RPT/S, then, within 10 calendar days of receipt of the resolution, the Executive Director shall send copies of the formal complaint and other documentation relating to the complaint, including the resolution of the licensing or certifying authority, to both the RPT/S and the Committee.
 4. A RPT/S may submit to the Committee via the Executive Director a written statement in response to the complaint, resolution, and other documents within 10 calendar days of their receipt of such from the Executive Director.

5. Within 30 calendar days after receipt of the complaint, resolution, and other documents, the Committee reviews and evaluates such items and determines if the RPT/S credential should be:
 - Maintained.
 - Placed on probation for six (6) or 12 months with all rights and privileges.
 - Temporarily suspended for six (6) or 12 months without any rights and privileges.
 - Permanently revoked.
6. Within 10 calendar days of the decision of the Committee, the Executive Director advises the RPT/S and complainant of the decision in writing.

1400. Appeal Process

- The RPT/S may appeal any decision made by the Committee relating to any decision made by it to revoke, suspend, place on probation, or otherwise take disciplinary action against the RPT/S for any reason identified in Section 1200 as follows:
 1. File a written request (the "Appeal Request") with the Executive Director within thirty (30) calendar days of receipt of the decision or other action. The Appeal Request must contain the pertinent facts, the reason for the appeal, and any other information that the RPT/S desires to convey but may not re-state any matters set forth in any written statement provided to APT pursuant to Section 1300.
 2. Within 10 calendar days after receipt of the Appeal Request, the Executive Director shall advise the President to appoint an Appellate Committee comprising not fewer than three (3) mental health professionals of whom at least one-third (1/3) are neither APT members nor mental health professionals with RPT/S credentials.
 3. Within 10 calendar days after receipt of such appointment request, the President shall appoint the Appellate Committee and notify the Executive Director of the appointed Appellate Committee members.
 4. Within 10 calendar days of the notice of the Appellate Committee members, the Executive Director shall forward to Appellate Committee these items:
 - Formal complaint to APT.
 - Resolution of initial complaint formally filed with licensing (or certifying) authority.
 - Response and other written statements by RPT/S designee.
 - Resolution of APT Ethics & Practices Committee.
 - Appeal Request filed by RPT/S designee.
 5. The Appellate Committee shall render a decision, based upon submitted documents, to the Executive Director within 30 calendar days of receipt of such documents.
 6. The APT Executive Director shall inform the RPT/S of the Appellate Committee decision in writing within 10 calendar days of receipt thereof. The decision of the Appellate Committee is final.

Summary Statement

Believing that the general public is well served by licensed and play therapy-trained mental health professionals, APT welcomes RPT/S credentialing applications and renewals and remains available to assist eligible mental health professionals.