



Credentialing Application: Registered Play Therapist (RPT) & Supervisor (RPT-S)

Dear Applicant:

Thank you for your interest in earning the Registered Play Therapist™ (RPT) or Registered Play Therapist-Supervisor™ (RPT-S) credentials conferred by the Association for Play Therapy (APT), a national professional society formed in 1982 to advance the play therapy 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 RPT/S Credentialing Guide and then contact APT for clarifications. *Please note, you need not earn the RPT credential before earning the RPT-S credential.*

For brevity, note that we may use the "RPT/S" acronym when referring to both the RPT and RPT-S credentials.

Your Credentialing application should include these items:

1. Copy of current and active mental health license.
2. Copy of university transcripts.
3. Copy of play therapy and/or supervisor training certificates.
4. Form A (last page of the RPT/S application). RPT-S applicants must note additional clinical and play therapy experience.
5. Completed and signed RPT/S application.
6. Non-refundable application fee, which includes complimentary initial 12-month activation fee upon approval:

	Application Fee		Renewal Fee	
	Member	Non-Member	Member	Non-Member
RPT Applicant	\$135.00	\$295.00	\$ 55.00	\$135.00
RPT-S Applicant	\$235.00	\$395.00	\$ 80.00	\$160.00

You will be advised of the status of your RPT/S application within 6-8 weeks. Once approved, a certificate will automatically be mailed. After 12 months, you will receive a billing statement for your annual credentialing fee.

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

Thank you!

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Credentialing Application Overview

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

Review the Credentialing Guide for details.

#	APPLICATION CRITERIA	RPT	RPT-S
0300	License	Current and active individual state license to independently provide clinical mental health services.	Same as RPT
0400	Educational Degrees	Master's or higher mental health degree with demonstrated coursework in child development, theories of personality, principles of psychotherapy, child & adolescent psychopathology, and ethics. APT will preview your transcripts for a fee.	Same as RPT
0500	Clinical Experience	Supervised clinical mental health experience required by state licensure roughly equivalent to two (2) years and 2,000 direct client contact hours.	Same as RPT <i>plus</i> An additional three (3) years and 3,000 direct client contact hours of clinical experience after initial full licensure.
0600	Play Therapy Training	150 hours of play therapy specific instruction from institutions of higher education or APT Approved Providers (limit 50 non-contact hours).	Same as RPT
0700	Supervised Play Therapy Experience & Supervision	500 direct client contact hours under supervision and 50 hours of simultaneous play therapy supervision. Beginning January 1, 2020, all hours accrued towards this requirement must be under the supervision of an RPT-S.	Same as RPT <i>plus</i> An additional 500 direct client contact hours of play therapy experience.
0800	Supervisor Training	None	Supervisor training is required. Complete six (6) hours of play therapy specific supervisor training <u>AND</u> 1) demonstrate completion of either state board requirements for supervisor training <u>OR</u> 2) complete APT's supervisor requirements (24 hours of supervisor training). These hours may be contact or non-contact hours.
1100	Renewal Criteria	Annual: Current and active individual state license to independently provide clinical mental health services. CE Cycle: 18 hours of play therapy specific instruction from institutions of higher education or APT Approved Providers every 36 months.	Annual: Current and active individual state license to independently provide clinical mental health services. CE Cycle: 18 hours of play therapy specific instruction from institutions of higher education or APT Approved Providers PLUS six (6) hours of supervisor training every 36 months.



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0100. Application for Credential

Select one: RPT - Registered Play Therapist **OR** RPT-S - Registered Play Therapist-Supervisor

0200. Applicant information

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

APT Member: Yes No

Employer: _____ Position Title: _____

Address: _____

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

Work: _____ Home: _____ Cell Phone: _____

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

0300. Verification of License

Attach a copy of your current and active state mental health license indicating you are permitted to independently provide clinical mental health services.

License (LPC, LCSW, etc.): _____ Licensing Board: _____

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

RPT-S APPLICANTS ONLY: Attach copies of your state board supervisor requirements AND supervisor training certificates and/or graduate transcripts as specified in section 0800.

0400. Verification of Graduate Degrees and Core Content Coursework

Attach a copy of your graduate transcript(s) issued by an institution of higher education.

Master's: Degree _____ Institution _____ Year _____

Doctorate: Degree _____ Institution _____ Year _____

From the chart below, highlight on your transcript(s) which courses satisfy the five (5) core areas (See Section 403 in the Credentialing Guide for additional instruction, attach course syllabi, if needed).

Required Core Content Area:	Possible Titles of Courses on Transcripts (<i>List not exhaustive</i>)
Child Development	Life Span Development, Human Behavior in Social Environment (HBSE) I
Theories of Personality	Counseling Theories, HBSE I or II
Psychotherapy	HBSE I or II, Counseling Process & Skills, Clinical SW Practice
Child & Adolescent Psychopathology	Abnormal Psychology or Behavior, HBSE III, DSM, Diagnosis & Treatment, Mental Emotional & Behavioral Disorders
Ethics	Intro into the Profession, SW Issues

0500. Verification of Clinical Experience

0501. All applicants must have completed two (2) years and 2,000 direct client contact hours of supervised clinical experience as a requirement for initial independent clinical licensure. Submit a copy of your license and attach Form A, indicating in Section 1a. that you completed at least 2 years and 2,000 hours of supervised clinical experience.
0502. **RPT-S applicants only:** In addition to the hours required in 0501, applicants must complete an *additional* three (3) years and 3,000 hours of direct client contact post issuance of full, clinical licensure. These hours need not be supervised but must be verified by a licensed mental health professional. Attach Form A, Section 1b.

0600. Verification of Play Therapy Coursework & Trainings

Attach copies of transcripts and training certificates issued by institutions of higher education and APT Approved Providers respectively to demonstrate that you earned 150 clock hours of play therapy specific instruction, not more than 50 of which may be non-contact. In addition, documentation must support training in more than one play therapy approach. Presentations and/or coursework taught or written by applicant are not eligible. Do NOT submit original copies of your transcripts and certificates as all materials will be destroyed after review.

0700. Verification of Supervised Play Therapy Experience and Supervision

RPT & RPT-S Applicants: Attach Form A, indicating in Section 2 that during or after earning your graduate degree, you completed your supervised play therapy experience and were supervised while completing these direct client contact hours. See Sections 0703 in Credentialing Guide for details. **Beginning January 1, 2020, hours accrued towards this requirement must be under the supervision of an RPT-S only with a minimum of 350 hours of direct client contact and 35 of supervision.**

RPT-S Applicants: Attach Form A, indicating in Section 3 that you completed an additional 500 hours of play therapy experience (must be direct client contact hours).

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

Applicants must demonstrate completion of supervisor training. Attach six (6) hours of play therapy specific supervisor training from APT Approved Providers or through graduate coursework. In addition, applicants may either: 1) complete their state board requirements for supervisor training (attach state board requirements and training certificates/graduate transcripts) **OR** 2) complete APT's supervisor requirements (attach certificates of the 24 hours of supervisor training). These hours may be contact or non-contact.

0900. Attestation by Applicant

0901. 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.
0902. The information, statements, and documents in this application or renewal are accurate and reflect my true experience, education and training, and expertise. Such information, statements, and documents are solely my responsibility and APT shall not be responsible or liable for the consequences of any inaccurate or misleading information.
0903. My application includes the presentation of my a) current and active state license as an independent clinical mental health practitioner. To the best of my knowledge, there are no outstanding complaints against me.
0904. I have read, understand, and hereby confirm that I will abide by the code of ethics, standards of practice, and all other legal standards or requirements promulgated by those bodies from which I have been granted a license. 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.
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 Credential application or renewal may be denied, suspended, or revoked, if I:
- Have a disciplinary action taken against me by the applicable licensing authority that results in the suspension or revocation of my license;
 - Am convicted of a crime related to the provision of mental health services or a crime that would adversely affect the interests, effectiveness, reputation, or image of APT;
 - Falsify, by inclusion or omission, information on the Credentialing application or renewal or any supporting documents;
 - Fail to complete the RPT or RPT-S credentialing application or renewal requirements in a timely manner;
 - Represent my RPT or RPT-S credential as my primary credential or mental health qualification; or
 - Voluntary relinquish my license.
0907. I agree to immediately notify APT, by certified, registered or receipted mail, if I:
- Have any disciplinary action taken against me by the applicable licensing authority;
 - Have my license suspended or revoked;
 - 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;
 - Voluntary relinquish my license; or
 - Fail to report any matter as described herein may result in the denial or revocation of my RPT or RPT-S credential.
0908. There have been no occurrences as described in item 0907 that have not been reported to APT or that are not described in the attached information, which includes a brief description of the matter, along with a copy of the final resolution or, if not resolved, a description of its current status and attached supporting documentation.
0909. I have read and am familiar with the Play Therapy Best Practices endorsed by APT and displayed on its website, www.a4pt.org.
0910. APT shall have no responsibility or liability for the impact that the delay or rejection, for any reason, of a RPT or 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 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 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. It further reserves the right to request additional information to review and process applications.

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 authorized to independently provide 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:** _____

1000. Application Fee and Payment Options

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

RPT: _____ \$135 member _____ \$295 non-member

RPT-S: _____ \$235 member _____ \$395 non-member

Not a Member? Join now as a Professional Member: _____\$95

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

Total Enclosed: \$_____

Select payment type: _____ Check/Money Order (payable to APT) _____ MasterCard/Visa

Name on Card: _____ Account Number: _____

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

Billing Address: _____

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

Total Fee: \$_____ Signature: _____ Date: _____

* *This fee is for your RPT/S application only and does not include annual Membership.*

News Release Information (Optional): _____ Decline _____ Accept – Please initial below.

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

Newspaper Name: _____ Email/Fax: _____

My workplace: _____ My Phone/Email: _____

Mail, fax or email completed application with fee to:

Association for Play Therapy
Alexandra Jarrell
Continuing Education & Credentialing Coordinator
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Credentiaing Application: FORM A

Registered Play Therapist (RPT) & Supervisor (RPT-S)

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

Telephone: _____ Email: _____

CRITERIA	DATES & HOURS <small>(completed by Applicant)</small>	VERIFIER <small>(completed by Supervisor or Verifier)</small>
<p>1. SUPERVISED CLINICAL EXPERIENCE</p> <p>ALL Applicants: Two (2) years and 2,000 hours of direct supervised clinical experience, not more than one year or 1,000 hours of which may be accrued while earning Master's degree.</p> <p>RPT-S Applicants: In addition to above, three (3) years and 3,000 direct contact hours of clinical experience must be verified by a licensed mental health professional.</p>	<p>1a. ALL Applicants – Provide dates of Supervised Clinical Experience:</p> <p>From: _____/_____/_____</p> <p>To: _____/_____/_____</p> <p>Total # hours: _____</p> <p>1b. RPT-S Applicants – Provide dates of additional Clinical Experience:</p> <p>From: _____/_____/_____</p> <p>To: _____/_____/_____</p> <p>Total # Additional hours: _____</p>	<p>Applicant indicates s/he has completed the notated hours in Section 1a. and/or 1b. with you. Please confirm by completing this section and return form to Applicant.</p> <p>Name: _____</p> <p>Degree: _____</p> <p>Telephone: _____ RPT-S #: _____</p> <p>License: _____ Issued by: _____</p> <p><i>I hereby attest that all of the information provided is true and correct to the best of my knowledge:</i></p> <p>Signature: _____ Date: _____</p>
<p>2. SUPERVISED PLAY THERAPY EXPERIENCE & SUPERVISION</p> <p>ALL Applicants: 500 hours if supervised by non-RPT-S, and 50 supervision hours (max 20 group supervision) <i>OR</i> 335 hours if supervised by RPT-S, and 35 supervision hours (max 15 group supervision). Hours accrued beginning January 1, 2020, must be under an RPT-S only (with a minimum of 350 experience and 35 supervision).</p> <p>Supervisor providing 10 or more hours of supervision must observe at least one (1) play therapy session during supervision.</p>	<p>2a. Provide dates of: Supervised Play Therapy Experience (direct client contact):</p> <p>From: _____/_____/_____</p> <p>To: _____/_____/_____</p> <p>Total # hours of Play Therapy Experience: _____</p> <p>2b. Provide total hours of: Play Therapy Supervision (time with Supervisor discussing cases concurrent with above dates):</p> <p># Individual hours: _____</p> <p># Group hours: _____</p>	<p>Applicant indicates s/he has completed the notated hours in Section 2a. and 2b. with you. Please confirm by completing this section and return form to Applicant.</p> <p>Name: _____</p> <p>Degree: _____</p> <p>Telephone: _____ RPT-S #: _____</p> <p>License: _____ Issued by: _____</p> <p>Check one:</p> <p><i>I [have ____] [have not ____] observed at least one (1) play therapy session.</i></p> <p><i>I hereby attest that all of the information provided on this form is true and correct to the best of my knowledge and, per my license, I am eligible to supervise.</i></p> <p>Signature: _____ Date: _____</p>
<p>3. ADDITIONAL PLAY THERAPY EXPERIENCE</p> <p>RPT-S Applicants ONLY: 500 additional play therapy hours of experience, beyond those listed in Section 2.</p> <p><i>These hours need not be supervised, but must be verified.</i></p>	<p>3a. Provide dates of: Additional Play Therapy Experience:</p> <p>From: _____/_____/_____</p> <p>To: _____/_____/_____</p> <p>3b. Total # hours additional Play Therapy Experience: _____</p>	<p>I verify Applicant has completed the notated hours in Section 3b. Please confirm by completing this section and return form to Applicant.</p> <p>Name: _____</p> <p>Degree: _____</p> <p>Telephone: _____ RPT-S #: _____</p> <p>License: _____ Issued by: _____</p> <p>Signature: _____ Date: _____</p>

Applicants: If necessary, make and distribute copies of this form to all applicable parties to be returned to you or to APT: 401 Clovis Avenue, #107, Clovis, CA 93612, Tel (559) 298-3400, Fax (559) 298-3410, ajarrell@a4pt.org.