



# Annual Renewal Application: **Registered Play Therapist-Supervisor (RPT-S)**

**Instructions:** Renewal of your Registered Play Therapist-Supervisor (RPT-S) credential is contingent upon the receipt and acknowledgement of ALL items below. Contact Alexandra Jarrell, [ajarrell@a4pt.org](mailto:ajarrell@a4pt.org), (559) 298-3400 ext 4 for questions.

1. Complete and return this form with payment.
2. Include CE hours if due this year.
3. Submit renewal via:
  - Mail: APT, 401 Clovis Ave. #107, Clovis, CA 93612
  - Fax: 559-298-3410
  - Email: [ajarrell@a4pt.org](mailto:ajarrell@a4pt.org)

## Application for Renewal (Select one)

I wish to renew my RPT-S credential.

I **DO NOT** wish to renew my RPT-S credential. I understand that my RPT-S will become inactive and that I must immediately cease from utilizing and displaying this credential.

Reason for non-renewal:  Retired  Job Reassignment  Other (specify): \_\_\_\_\_

## 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): \_\_\_\_\_

## Verification of License

Primary Mental Health License (LPC, LCSW, etc.): \_\_\_\_\_

State issued: \_\_\_\_\_ Expires (mm/dd/yy): \_\_\_\_\_

## Attestation by Applicant (for detailed information, see section 0900. of the credentialing guide)

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) credential. 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](http://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 Name (Print)** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Annual Renewal Fee and Payment Options

Select the appropriate non-refundable renewal fee: \_\_\_\_\_ \$80.00 member \_\_\_\_\_ \$160.00 non-member

Not a Member? Join now as a Professional Member: \_\_\_\_\_ \$95.00

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

**Total Enclosed: \$** \_\_\_\_\_

Select payment type: \_\_\_\_\_ Check/Money Order \_\_\_\_\_ 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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*Please Note: This renewal fee is for your RPT-S credential only, and does not include annual membership.**

Should you have questions, please do not hesitate to contact us.

Thank you!

**Claudia Vega, Ph.D.**, Clinical Coordinator, [cvega@a4pt.org](mailto:cvega@a4pt.org)

**Alexandra Jarrell**, Continuing Education & Credentialing Coordinator, [ajarrell@a4pt.org](mailto:ajarrell@a4pt.org)

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## Continuing Education Verification Form

### Select one:

\_\_\_\_\_ My CE hours are due this year and are documented below.

\_\_\_\_\_ My CE hours are NOT due this year.

### **PLAY THERAPY HOURS:**

List at least 18 clock hours of graduate-level play therapy CE below. Not more than 9 of the 18 play therapy hours can be non-contact. Please use the following codes to designate the type of training received: Contact (C), Non-Contact (NC), Author (A), Instructor (I). See RPT/S Guide Section 1100 for details.

<b><u>Title of Program</u></b>	<b><u>Date (mm/dd/yy)</u></b>	<b><u># of Hours</u></b>	<b><u>APT Provider #</u></b>	<b><u>Type</u></b>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

### **SUPERVISOR TRAINING HOURS:**

List 3 or 6 clock hours of graduate-level supervisor training below (contact APT or log into your member profile for the exact number of supervisor training hours due). Please use the following codes to designate the type of training received: Contact (C), Non-Contact (NC), Author (A), Instructor (I). See RPT/S Guide Section 1100 for details.

<b><u>Title of Program</u></b>	<b><u>Date (mm/dd/yy)</u></b>	<b><u># of Hours</u></b>	<b><u>Provider #</u></b>	<b><u>Type</u></b>
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____

You are NOT required to submit copies of your transcripts/certificates and license for renewal. You are, however, attesting that you have them and, if audited, will produce them for inspection by APT.

**Applicant Name (Print)** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Renewal of RPT-S Credential** (for detailed information, see section 1100. of the credentialing guide)

Renewal of your credential is contingent upon receipt and acknowledgement of ALL items below:

1. Complete RPT-S renewal application and pay annual renewal fee.
2. Earn at least 18 clock hours of graduate-level play therapy continuing education (CE) every 36-months.
  - a. Not more than 9 of the 18 hours may be non-contact hours.
  - b. Excess clock hours may not be transferred to the next 36-month CE cycle.
  - c. Hours must be presented by graduate-level instructors from these sources
    - 1) Institutions of higher education within or outside of the United States.
    - 2) APT Approved Providers within or outside of the United States.
    - 3) Professional mental health or play therapy organizations outside of the United States that provide graduate-level play therapy continuing education presented by graduate-level instructors to professionals with Master's or higher mental health degrees.
  - d. Not more than 12 of the 18 hours may be earned via one or more of these play therapy specific options:

- 1) Provide play therapy graduate-level instruction at an institution of higher education or continuing education conference, workshop, or other mental health forum (1 clock hour of instruction equals one hour of credit). Limit 6 hours.
  - 2) Author a play therapy publication, article, or chapter (1-15 pages equal three clock hours; 16-50 pages equals six clock hours; and 51-plus pages equals 12 clock hours. Limit 12 hours.
  - 3) Provide play therapy information via a non-mental health forum or to a non-mental health audience (one clock hour of education equals one hour of credit). Limit 6 hours.
3. Earn supervisor training hours every 36-month CE cycle. These hours are in addition to the 18 hours in play therapy, may be general or play therapy specific and either contact or non-contact hours. This requirement can also be satisfied by providing supervisor instruction, training, or for authoring or editing supervisor materials. Contact APT or log into your member profile for the exact number of supervisor training hours due.

If audited by APT, you must provide transcripts from institutions of higher education or certificates from APT Approved Providers of Play Therapy Continuing Education (APT Approved Provider number must be displayed on certificates). Do NOT submit original copies of your certificates as all materials will be destroyed after review.

APT reserves the right to:

- 1) request copies of course syllabi, registration materials, training programs, promotional flyers, etc.
- 2) review and reject the sponsor, content, and presenter of any education or continuing education program.