



Annual Renewal Application: **School Based-Registered Play Therapist (SB-RPT)**

Instructions: Renewal of your School Based-Registered Play Therapist (SB-RPT) credential is contingent upon the receipt and acknowledgement of ALL items below. Contact Alexandra Jarrell, ajjarrell@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: ajjarrell@a4pt.org

Application for Renewal (Select one)

_____ I wish to renew my SB-RPT credential.

_____ I **DO NOT** wish to renew my SB-RPT credential. I understand that my SB-RPT 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

State Department of Education License (School Counselor/ Psychologist): _____

State issued: _____ Expires (mm/dd/yy): _____

Attestation by Applicant (for detailed information, see section 0700. of the credentialing guide)

0701. I have satisfied all applicable application criteria policies and requirements required by the Association for Play Therapy (APT) to earn its School Based-Registered Play Therapist™ (SB-RPT) credential. I am licensed or certified as a school counselor or school psychologist by the State Department of Education.

0702. The information, statements, and documents in this application 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.
0703. My application includes the presentation of my current and active individual state license or certificate from the State Department of Education to independently practice as a school counselor or school psychologist. To the best of my knowledge, there are no outstanding complaints against me.
0704. 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 certificate. To protect the public and reduce legal liability to APT, I understand that the issuance of the SB-RPT credential is based upon my adherence to the ethics and standards of conduct promulgated by the State Department of Education for school counselors or school psychologists and not linked to those voluntary practice guidelines promulgated by APT.
0705. 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.
0706. I acknowledge that my SB-RPT application 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/certification;
 - Am convicted of a crime related to the provision of school counseling or school psychological 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 any supporting documents;
 - Fail to complete the SB-RPT credentialing application requirements in a timely manner;
 - Represent my SB-RPT credential as my primary credential or mental health qualification;
 - Practice as a school counselor or school psychologist in a state in which I have not been licensed/certified by the applicable board or governing agency and which does not accept my current State Department of Education license/certification; or
 - Voluntarily relinquish my license/certification.
0707. 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/certification suspended or revoked;
 - Am convicted of a crime related to the provision of school counseling or school psychological services or a crime that would adversely affect the interests, effectiveness, reputation, or image of APT;
 - Voluntarily relinquish my license;
 - Move to or practice in another state in which I am not licensed/certified and which does not accept my current State Department of Education license/certification, in which case I must obtain a license or certification from the State Department of Education of that state prior to beginning my practice and provide relevant documentation to APT at least twenty-one (21) days prior to commencing my practice in that state; or
 - Fail to report any matter as described herein may result in the denial or revocation of my SB-RPT credential.
0708. There have been no occurrences as described in item 0707 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.

0709. I have read and am familiar with the Play Therapy Best Practices endorsed by APT and displayed on its website, *www.a4pt.org*.
0710. APT shall have no responsibility or liability for the impact that the delay or rejection, for any reason, of an SB-RPT application for the SB-RPT credential may have on my professional standing or employment status.
0711. APT and its Ethics & Practices Committee have reserved the sole right to resolve any and all filed complaints regarding my SB-RPT credential. APT reserves the right to place my SB-RPT credential on probation, or temporarily suspend or permanently revoke it, after notice and review of any of the occurrences described in items 0706 and/or 0707.
0712. I acknowledge and agree that a designation as SB-RPT 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 the SB-RPT designation as my only or primary credential. I understand that on all professional documents, communications and in all advertising the SB-RPT credential must be accompanied by the degree or the license/certification from the State Department of Education in a school counseling or school psychology field that establishes the type of school counseling or school psychological services I am qualified to offer.
0713. 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 provision of school counseling or school psychological services; b) my failure to abide by the code of ethics, standards of practice and legal standards and requirements promulgated by my primary licensing/ certification authority; c) any falsification, including by omission or inclusion, of information on my SB-RPT 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 SB-RPT credential.
0714. 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 an SB-RPT credential to me. I attest that I am individually licensed or certified by the State Department of Education and authorized to independently provide school counseling or school psychological services 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: _____ \$55.00 member _____ \$135.00 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 SB-RPT 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

Alexandra Jarrell, Continuing Education & Credentialing Coordinator, ajarrell@a4pt.org

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Clovis, CA 93612
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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 SB-RPT Guide Section 900 for details.

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

DSM TRAINING HOURS:

List 3 clock hours of graduate-level DSM training below. Please use the following codes to designate the type of training received: Contact (C), Non-Contact (NC), Author (A), Instructor (I). See SB-RPT Guide Section 900 for details.

| <u>Title of Program</u> | <u>Date (mm/dd/yy)</u> | <u># of Hours</u> | <u>Provider #</u> | <u>Type</u> |
|-------------------------|------------------------|-------------------|-------------------|-------------|
| 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 SB-RPT Credential (for detailed information, see section 900. of the credentialing guide)

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

1. Complete SB-RPT 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 three (3) hours of Diagnostic and Statistical Manual (DSM) specific training (or diagnosis/psychopathology) every 36-month CE cycle. These hours are in addition to the 18 hours in play therapy, may be contact or non-contact hours.

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.