



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

*Reference:* In accordance with the Guide, RPT/S credentials must be renewed annually. "RPT/S" refers to both RPT and RPT-S designees.

*Instructions:* To renew your RPT or RPT-S credential complete and return this form with fee payment. Include CE hours if due this year, **RPT:** Submit 18 hours in play therapy, and **RPT-S:** Submit 18 hours in play therapy and two (2) hours of supervisor training. Contact: Carol Guerrero, (559) 298-3400 ext 1 with questions. Mail to: APT, 401 Clovis Ave. #107, Clovis, CA 93612. Fax 559-298-3410.

## **0100. Application for Renewal (Select one)**

- I wish to renew my Registered Play Therapist (RPT) credential  
 I wish to renew my Registered Play Therapist-Supervisor (RPT-S) credential

**RPT-S RENEWAL ONLY:** Select the type of supervision/Case consultation offered:

Face to Face     Distance     Both     None

**NO**, I do NOT wish to renew my Registered Play Therapist (RPT) or Supervisor (RPT-S) credential and understand that my non-renewal will be published and that I must immediately refrain from utilizing and displaying this credential. Reason for non-renewal:  
 Retired     Job Reassignment     Other (specify): \_\_\_\_\_

## **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**

■ Primary Mental Health License (LPC, LCSW, etc.): \_\_\_\_\_ Expires (mm/dd/yy): \_\_\_\_\_

## **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
  - Voluntarily 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;
  - Voluntarily 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.

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. Annual Renewal Fee and Payment Options

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

**RPT:** \_\_\_\_\_ \$55.00 member \_\_\_\_\_ \$135.00 non-member \*

**RPT-S:** \_\_\_\_\_ \$80.00 member \_\_\_\_\_ \$160.00 non-member\*

*\*If interested in becoming a member, contact APT before submission of RPT/S application*

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

- Select payment type: \_\_\_\_\_ Check/Money Order (payable to APT) \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Print Name on Card: \_\_\_\_\_ Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ AVS Security Code: \_\_\_\_\_ (3-digit code on back of card)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Total Fee: \$\_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

### 1100. Renewal of RPT and RPT-S Credentials

Maintain your credential as follows:

1. Pay annual renewal fee.
2. Earn at least 18 clock hours of graduate-level play therapy continuing education presented by graduate-level instructors during each 36-month continuing education cycle from these sources:
  - a. Institutions of higher education within or outside of the United States.
  - b. APT-approved providers within or outside of the United States.
  - c. 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.
3. Limitations:
  - a. Not more than 9 of the 18 hours may be non-contact hours.
  - b. 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 equals 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.
  - 4) Excess clock hours may not be transferred to the next three-year continuing education cycle.
  - 5) APT reserves the right to review and reject the sponsor, content, and presenter of any education or continuing education program.
4. **RPT-S Only:** earn at least two (2) hours of supervisor training in your next 36 month CE cycle. These hours are in addition to the 18 hours in play therapy, may be general or play therapy specific and be contact or non-contact hours. This requirement can also be satisfied by providing supervisor instruction, training, or for authoring or editing supervisor materials.
  5. If audited by APT, you must provide transcripts from institutions of higher education or certificates from APT-Approved Providers of Play Therapy Continuing Education (and displaying their Approved Provider number). Copies of course syllabi, registration materials, training programs, promotional flyers, etc. may also be requested. Do NOT submit original copies of your certificates as all materials will be destroyed after review.

**Continuing Education Verification Form**

If CE cycle concludes this year, submit verification form below. **RPT:** Submit 18 hours in play therapy, and **RPT-S:** Submit 18 hours in play therapy and two (2) hours of supervisor training. Not more than 9 of the 18 play therapy hours can be non-contact. Supervisor training can be contact or non-contact.

To make this process more user-friendly, you need NOT include copies of your transcripts/certificates and license. You are, however, attesting that you have them and, if audited, can and will produce them for inspection by APT.

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

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

**Select one**

\_\_\_\_\_ My CE cycle concludes this year and documented below.

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

List and identify TYPE of training you received: Author (A), Instructor (I), Contact (C) or Non-Contact (NC)

<b><u>PLAY THERAPY HOURS - 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. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

<b><u>SUPERVISOR TRAINING HOURS - Title of Program</u></b>	<b><u>Date(s) mm/dd/yy</u></b>	<b><u># Hours</u></b>	<b><u>Provider #</u></b>	<b><u>Type</u></b>
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____

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

Thank you!

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

**Carol Guerrero, CAP**, Administrative Services Coordinator, [cguerrero@a4pt.org](mailto:cguerrero@a4pt.org)

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