



## Credentialing Application: School Based-Registered Play Therapist (SB-RPT)

**Dear Applicant:**

Thank you for your interest in earning the School Based-Registered Play Therapist™ (SB-RPT) credential conferred by the Association for Play Therapy (APT), a national professional society formed in 1982 to advance the play therapy modality!

This program is intended for professionals who hold a current and active individual state license or certificate from their state’s department of education to independently practice as a school counselor or school psychologist who wish to convey their play therapy knowledge and expertise to the general public, schools and universities, parents and children, and other mental health professionals. Applicants licensed by their state mental health board (i.e. LPC, LCSW, LMFT, etc) are ineligible for the SB-RPT, but may be eligible for the Registered Play Therapist™ (RPT) or Registered Play Therapist-Supervisor™ (RPT-S) credentials.

You are encouraged to first review the SB-RPT Credentialing Guide and then contact APT for clarifications.

Your Credentialing application should include these items:

1. Copy of current and active license or certificate as a school counselor or school psychologist from the state department of education.
2. Copy of university transcripts.
3. Copy of play therapy training certificates.
4. Form A (last page of the SB-RPT application).
5. Completed and signed SB-RPT 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
SB-RPT Applicant	\$140.00	\$270.00	\$ 60.00	\$150.00

You will be advised of the status of your SB-RPT application within 3-4 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 SB-RPT Credentialing Guide, please do not hesitate to contact us.

Thank you!

**Yasmin Holt**, Coordinator, Credential Services, [yholt@a4pt.org](mailto:yholt@a4pt.org)  
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 Clovis, CA 93612  
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## Credentialing Application Overview

This chart summarizes the criteria that applicants must satisfy to earn the School Based-Registered Play Therapist (SB-RPT) credential. Review the SB-RPT Guide for details.

#	APPLICATION CRITERIA	SB-RPT
0200	License	Current and active individual state license or certificate from the State Department of Education to independently practice as a school counselor or school psychologist.
0300	Educational Degrees	<p>Master's or higher mental health degree with demonstrated coursework in:</p> <ul style="list-style-type: none"> <li>• child development,</li> <li>• theories of personality,</li> <li>• principles of psychotherapy,</li> <li>• child &amp; adolescent psychopathology, and</li> <li>• ethics.</li> </ul> <p>APT will preview your transcripts for a fee.</p>
0400	Clinical Experience	Clinical experience required by the State Department of Education school counselor or school psychologist license/certification, plus two (2) years of continuous work in school setting post licensure/certification.
0500	Play Therapy Training	150 hours of play therapy specific instruction from institutions of higher education or APT Approved Providers (limit 50 non-contact hours).
0600	Supervised Play Therapy Experience & Supervision	<p>Applicant for the SB-RPT must be supervised <b>by an RPT-S</b> for a period of no less than one (1) school year during which the applicant documents a minimum of 600 direct client hours utilizing play therapy plus 50 hours of concurrent supervision. A maximum of 25 hours of the 50 hours of supervision may be in a group setting.</p> <p>These supervised hours must be completed during or after the applicant earned his/her Master's degree.</p>
0900	Renewal Criteria	<p><b>Annual:</b> Current and active individual state license or certificate from the State Department of Education to independently practice as a school counselor or school psychologist.</p> <p><b>CE Cycle (every 36 months):</b> 24 hours of play therapy specific instruction from institutions of higher education or APT Approved Providers. Plus (3) three hours of Diagnostic and Statistical Manual (DSM) specific training (or diagnosis/psychopathology).</p>



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### **0100. Applicant information**

Name: (first) \_\_\_\_\_ (mi) \_\_\_\_\_ (last) \_\_\_\_\_

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

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

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number (only last 4 digits): \_\_\_\_\_

### **0200. Verification of State Department of Education License or Certification**

Attach a copy of your State Department of Education license or certification indicating that you are legally permitted to independently practice as a school counselor or school psychologist.

License/Certification: \_\_\_\_\_ Issued by: \_\_\_\_\_

License/Certificate #: \_\_\_\_\_ Issued (mm/dd/yy): \_\_\_\_\_ Expires (mm/dd/yy): \_\_\_\_\_

### **0300. 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 303 in the Credentialing Guide for additional instruction, attach course syllabi if needed).

<b>Required Core Content Area:</b>	<b>Possible Titles of Courses on Transcripts (<i>List not exhaustive</i>)</b>
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

**0400. Verification of Clinical Experience**

Attach Form A to document your clinical experience. All applicants must have completed the clinical experience requirements set by the State Department of Education for the school counselor or school psychologist license/certification, plus two (2) years of continuous work in school setting post licensure/certification. Submit a copy of your license/certification and a copy of your licensing/certification requirements for verification.

**0500. Verification of Play Therapy Coursework & Trainings (Play Therapy Instruction Hours)**

Attach copies of transcripts and training certificates issued by institutions of higher education and APT Approved Providers to demonstrate that you earned 150 clock hours of play therapy specific training, 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 certificates as all materials will be destroyed after review.

**0600. Verification of Supervised Play Therapy Experience and Supervision**

Attach Form A to document your supervised play therapy experience under an RPT-S either during or after earning your Master's degree. See Section 0603 in SB-RPT Guide for details.

**0700. Attestation by Applicant**

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 or renewal may be denied, suspended, or revoked, if I:
- a. Have a disciplinary action taken against me by the applicable licensing authority that results in the suspension or revocation of my license/certification;
  - b. 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;
  - c. Falsify, by inclusion or omission, information on the credentialing application or any supporting documents;
  - d. Fail to complete the SB-RPT credentialing application requirements or update my license expiration date in a timely manner;
  - e. Represent my SB-RPT credential as my primary credential or mental health qualification;
  - f. 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
  - g. Voluntarily relinquish my license/certification.
0707. I agree to immediately notify APT, by certified, registered or receipted mail, if I:
- a. Have any disciplinary action taken against me by the applicable licensing authority;
  - b. Have my license/certification suspended or revoked;

- c. 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;
  - d. Voluntarily relinquish my license;
  - e. 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
  - f. 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](http://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 and 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.
0715. I have read and agree to abide by the APT [Privacy Policy](#) as outlined on the APT website.

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

**0800. Application Fee and Payment Options**

Non-refundable application fee\* (check one): \_\_\_\_\_ \$140.00 member \_\_\_\_\_ \$270.00 non-member

Not a current Member? Join now as a Professional Member: \_\_\_\_\_ \$95.00 (If becoming a member, please select member fee above.)

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 Date: \_\_\_\_\_ 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 SB-RPT 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 the SB-RPT 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**  
**Yasmin Holt**  
Coordinator, Credentialing Services  
401 Clovis Ave., Suite 107  
Clovis, CA 93612  
Tel (559) 298-3400 / Fax (559) 298-3410 / www.a4pt.org



# Credentiaing Application: FORM A

## School Based-Registered Play Therapist (SB-RPT)

Name: (first) \_\_\_\_\_ (mi) \_\_\_\_\_ (last) \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Part 1 - CLINICAL EXPERIENCE		
CRITERIA <small>(Section 0400 of Guide)</small>	To be completed by applicant	
<p>A minimum of two (2) years of continuous work as a school counselor/school psychologist, in a school setting post licensure/certification.</p>	<p>School District: _____</p> <p>Dates of Employment: ____/____/____ thru ____/____/____</p> <p>School District: _____</p> <p>Dates of Employment: ____/____/____ thru ____/____/____</p> <p>School District: _____</p> <p>Dates of Employment: ____/____/____ thru ____/____/____</p> <p>I hereby attest that all of the information provided on this form is true and correct to the best of my knowledge.</p> <p>Signature: _____ Date: _____</p>	
Part 2 - SUPERVISED PLAY THERAPY EXPERIENCE & SUPERVISION		
CRITERIA <small>(Section 0600 of Guide)</small>	To be completed by applicant	To be completed by RPT-S
<p><b>600</b> hours of experience and <b>50</b> supervision hours*</p> <p><i>*maximum of 25 hours of group supervision may be counted</i></p> <p>RPT-S providing 10 or more hours of supervision must observe at least one (1) play therapy session during supervision.</p>	<p><u>Provide dates of:</u> Supervised Play Therapy Experience (direct client contact):</p> <p>From: ____/____/____</p> <p>To: ____/____/____</p> <p>Total # hours of Play Therapy Experience : _____</p> <p><u>Provide total hours of:</u> Play Therapy Supervision (time with Supervisor discussing cases concurrent with above dates):</p> <p># Individual hours: _____</p> <p># Group hours: _____</p>	<p>I hereby attest that all of the information provided in Part 2 of this form, is true and correct to the best of my knowledge and, per my license, I am eligible to supervise.</p> <p>Check one: I [have ____] [have not ____] observed at least one (1) play therapy session.</p> <p>Name: _____</p> <p>Telephone: _____</p> <p>RPT-S #: _____</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 to APT: 401 Clovis Ave., Suite 107, Clovis, CA 93612, Tel (559) 298-3400 / Fax (559) 298-3410, [yholt@a4pt.org](mailto:yholt@a4pt.org).