RPT-S Application – Form A

APT Professional Credentialing Program

Applicants: If necessary, make and distribute copies of this form to all applicable parties.

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

Telephone: _____ Email:_____

Documentation of Additional Clinical Experience
Clinical Experience – to be completed by Applicant Must document a minimum of three (3) years and 3,000 hours of direct client contact after attaining clinical license. These hours need not be supervised, but must be verified. Provide dates of Clinical Experience: From: _____/_____/_____ To: _____/_____/_____ Total # of clinical Hours: _____
Verifier – to be completed by professional verifying clinical hours listed above. Applicant indicates they have completed the notated hours in the space above. Please confirm by completing this section and return form to Applicant. Name: _____ Degree: _____ License: _____ Issued by: _____ Telephone: _____ *I hereby attest that the information provided is true and correct to the best of my knowledge:* Signature: _____ Date: _____
Documentation of Additional Play Therapy Experience
Play Therapy Experience – to be completed by Applicant Must document a minimum of 500 hours of additional direct client contact using play therapy after attaining your RPT™ credential. These additional hours are to be verified by a licensed mental health professional familiar with your work. These hours need not be supervised, but must be verified Provide dates of Play Therapy Experience: From: _____/_____/_____ To: _____/_____/_____ Total # of PT Hours: _____
Verifier – to be completed by professional verifying clinical hours listed above. Applicant indicates they have completed the notated hours in the space above. Please confirm by completing this section and return form to Applicant. Name: _____ Degree: _____ License: _____ Issued by: _____ Telephone: _____ *I hereby attest that the information provided is true and correct to the best of my knowledge:* Signature: _____ Date: _____