Continuing Education Verification Form:

Registered Play Therapist™ (RPT)

Instructions

Please complete and submit this form ONLY if your CE hours are due this year. List at least 24 clock hours of post-graduate level play therapy CE below that were earned within your last CE cycle (the previous 36-months) from an APT Approved Provider. *See Section 09 of the Credentialing Standards for additional information and limitations.

Failure to complete the CE Verification Form accurately and with all requested information will delay the review of your renewal and cause your credential to become inactive.

CONTACT HOURS – A *minimum* of 12 of the 24 hours MUST be contact.	**NON-CONTACT HOURS –** Not more than 12 of the 24 hours may be non-contact.

Title of Play Therapy CE	Date	CE Hours	APT Provider #	C = Contact NC = Non Contact	Meets Diversity requirement	I am the author of this publication	I instructed this program
Example: The History of Play Therapy	*1/1/2017*	*2*	*95-100*	*NC*	*X*		

Total CONTACT hours submitted: _____ **Total NON-CONTACT hours submitted:** _____

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. By inserting my name below, I attest that all information herein is true and correct to the best of my knowledge.

Applicant Name (Print) _____ **Date** _____