Reinstatement Application:

Registered Play Therapist™ (RPT™)

Instructions

Reinstatement of your Registered Play Therapist™ (RPT™) credential is contingent upon the receipt and acknowledgment of ALL items below. Contact Andrea Perez-Esquivel, apesquivel@a4pt.org, or (559) 298-3400 ext. 306 with questions.

1. Complete and return this form with payment.
2. Include CE hours taken within the last three years.
3. Submit reinstatement via:
   - Mail: APT, 401 Clovis Ave. #107, Clovis, CA 93612
   - Fax: 559-298-3410
   - Email: apesquivel@a4pt.org,

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): _____

Verification of License - Attach a copy of your current, active, and unconditional state mental health license.

Primary Mental Health License (LPC, LCSW, etc.):_____

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

Attestation by Applicant

By the signing of this attestation, I understand I am entering into a contractual relationship with APT.

0101. 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 and be permitted by state licensure to supervise.

0102. 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.

0103. My application includes the presentation of my primary, current, and active state license as an independent clinical mental health practitioner. There are no conditions on my ability to practice under my license. To the best of my knowledge, there are no outstanding complaints against me. Further, in the event of relocation, I agree to provide documentation to APT of the new license prior to commencing practice in that state.

0104. 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.

0105. 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 suspended or revoked or a condition placed on my license;
- c. 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;
- d. Voluntary relinquish my license; or
- e. Fail to report any matter as described herein may result in the denial or revocation of my RPT™ or RPT-S™ credential.

0106. I acknowledge that my Credentialing 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; or a condition is place on my license;
- b. 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;
- c. Falsify, by inclusion or omission, information on the Credentialing application or renewal or any supporting documents;
- d. Fail to complete the RPT™ or RPT-S™ credentialing application or renewal requirements or update my license expiration date in a timely manner;
- e. Represent my RPT™ or RPT-S™ credential as my primary credential or mental health qualification;
- f. Voluntary relinquish my license;
- g. Aid or engage in any conduct that is prejudicial to the purpose, interests, effectiveness, reputation, or image of the play therapy profession and/or APT; or
- h. Have adverse action taken against me pursuant to any policy or procedure adopted by APT from time to time.

0107. 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.

0108. There have been no occurrences as described in item 0106 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.

0109. I have read and am familiar with the Play Therapy Best Practices endorsed by APT and displayed on its website, *www.a4pt.org*. I have read and am familiar with the Credentialing Standards issued by APT and displayed on its website, *www.a4pt.org*, and acknowledge and agree to the requirements set forth therein to obtain a RPT/S credential.

0110. 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.

Applicant Initials: _____

0111. 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 0106 and/or 0107.

0112. 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 and the license in a mental health field that establishes the type of mental health services I am qualified to offer.

0113. 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.

0114. I agree that APT may revise its credentialing program and its criteria, process, and other aspects of the RPT™ and RPT-S™ credentials at its sole discretion and that all credentialing determinations are made at the sole discretion of APT based on all information received and reviewed and that APT may approve or deny my application or renewal application based on any and all information received by it during the application and renewal process or otherwise, including information that may be obtained independently or from third parties.

0115. I have read and agree to abide by the APT Privacy Policy as outlined on the APT website.

0116. I acknowledge that in the event my credential is revoked following the completion of APT's established policies and procedures, my name and credential status may be published in accordance with APT policy.

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 in one of the generalist fields of counseling, marriage and family therapy, psychiatry, psychology, or social work and authorized to independently provide clinical 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 Name (Print) _____

Applicant Signature _____ **Date** _____

Reinstatement Fee Schedule

In the event there is a lapse in your credential, a late fee plus a reinstatement fee is required to reactivate your credential. See **Table 1.1** for specific amounts. If the lapse occurred during which time your CE was also due, please see **Table 1.2** and submit the required CE in addition to applicable fees.

Table 1.1 – Reinstatement Fees

Lapsed Time Period	Reinstatement Fee Due	Late Fee Due
12 – 23 months	$70 - member $190 - non-member	$105
24-35 months	$70 - member $190 - non-member	$150
36- 47 months	$70 - member $190 - non-member	$200
48 months or more	$70 - member $190 - non-member	$250 max fee

Table 1.2 – CE Requirements

If the required CE hours were not submitted within 12 months of the original due date, please use **Table 1.2** to determine the number of CE hours required to reinstate your credential. Note: All CE must be completed within the three most recent years preceding the submission of this application.

Lapsed Time Period from Missed CE Cycle	Play Therapy CE Hours Required to Reactivate Credential
12 – 23 months	**30 hours** • 15 must be contact hours • 2 must be in Cultural and Social Diversity
24-35 months	**36 hours** • 18 must be contact hours • 2 must be in Cultural and Social Diversity
36- 47 months	**42 hours** • 21 must be contact hours • 2 must be in Cultural and Social Diversity
More than 3 years	**48 hours** • 24 must be contact hours • 2 must be in Cultural and Social Diversity

Payment Options

Please refer to **Table 1.1** to calculate the appropriate non-refundable fee due at the time your reactivation application is submitted.

Reinstatement Fee Due: $70.00 (Non-members $190.00) $_____

Late fee (as indicated on **Table 1.1** of this reinstatement application) $_____

Total Due (reinstatement fee + late fee) $_____

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 reinstatement fee is for your RPT™ credential only and does not include annual membership to APT.**

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

Thank you!

Andrea Perez-Esquivel
Coordinator, Credentialing Services
apesquivel@a4pt.org

Continuing Education Verification Form

Instructions

List the required number of post-graduate-level play therapy CE hours below as indicated in **Table 1.2** of the Reinstatement application. Not more than half of the required play therapy hours may be non-contact hours and 2 hours must be in Cultural and Social Diversity, specific to play therapy.

*See Section 09 of the Credentialing Standards for additional information and limitations. Failure to complete the CE Verification Form completely and accurately will delay the review of your renewal and cause your credential to become inactive.

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

Title of Play Therapy Program/Workshop ***Includes books/chapters published and courses instructed**	**Date**	**CE Hours**	**APT Provider #**	**C= Contact NC=Non Contact**	**Meets Diversity requirement**	**If Authored Play Therapy publication**	**Instructed Play Therapy education**
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 signing my name below, I attest that all information herein is true and correct to the best of my knowledge.

Applicant Name (Print) _____ Date _____

Applicant Signature _____ Date _____