School Based-Registered Play Therapist™ Application

APT Professional Credentialing Program

2025

This revision is effective as of April 1, 2025 and supersedes all previous versions.

APT may revise its Credentialing Program and its criteria, standards, process, and other aspects of the program at its sole discretion.

Application for the School Based-Registered Play Therapist™ (SB-RPT™) Credential

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All approval determinations are made at the sole discretion of APT based on all information received and reviewed, and that APT may approve or deny applications or renewals 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.

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 field!

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-SupervisorTM (RPT-S) credentials.

APT reserves the right to unilaterally revise, from time to time, the terms and conditions, governing policies, approval and renewal criteria, and other facets of this agreement.

SB-RPT™ Application Instructions

Review the School Based-Registered Play Therapist™ Credentialing Standards and then contact APT for questions or clarifications. Your Credentialing application should be complete before submitting (incomplete applications will not be accepted), and include these items:

1. Complete, signed, and dated application, including attestation.
2. Copies of the following:
   a. A current and active unconditional independent license or certificate as a school counselor or school psychologist from the State Department of Education.
   b. Graduate university transcript(s) from an accredited university.
   c. Form A documenting clinical and play therapy experience and supervision.
   d. Form B documenting play therapy instruction, with all supporting documents attached (including play therapy certificates).
3. Non-refundable application fee (includes complimentary initial 12-month activation fee upon approval):

SB-RPT™ Application Fee		**SB-RPT™ Annual Renewal Fee**	
Member	Non-Member	Member	Non-Member
$210.00	$340.00	$ 70.00	$190.00

4. Applications ***must be submitted in hard copy*** format by USPS or courier (UPS, FedEx, etc.) to the address below. Applications received via email or fax will not be accepted.

You will receive a confirmation email from APT upon receipt of your application. Incomplete applications will not be reviewed. APT will notify applicants within 10-12 weeks via email regarding the status of their application. If there is a change in your licensure/certification status at any time during the application process or once approved, you are required to immediately notify APT in writing.

Should you continue to have questions after reviewing the SB-RPT™ Credentialing Standards, please do not hesitate to contact us.

Thank you!

Association for Play Therapy
401 Clovis Ave., Suite 107
Clovis, CA 93612
Tel (559) 298-3400 / Fax (559) 298-3410
info@a4pt.org www.a4pt.org

Program Criteria Overview

This chart summarizes the criteria that applicants must satisfy to earn the SB-RPT™ credential. The criteria are designed to ensure well-rounded education and training in play therapy.

Successful completion of the credentialing criteria includes the completion and documentation of a minimum number of hours in play therapy instruction, clinical experience, and supervision.

Section		SB-RPT™ Credentialing Criteria
01 -	**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.
02 -	**Educational Degree**	Required to hold a master's or higher clinical mental health degree in one of the following disciplines: counseling, marriage and family therapy, psychiatry, psychology, or social work with demonstrated coursework in: child development; theories of personality; principles of psychotherapy; child & adolescent psychopathology; cultural & social diversity; and ethics.
03 -	**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.
04 -	**Supervised Play Therapy Experience**	Required to include documentation of a minimum of **500 direct client contact hours**, under the supervision of a Registered Play Therapist-Supervisor™ (RPT-S™) for a period of no less than one (1) school year.
05 -	**Play Therapy Supervision**	Required to include documentation of a minimum of **50 hours of play therapy supervision** and **five (5) session observations** during the accumulation of the supervised play therapy experience. Supervisors providing 10 or more hours of supervision must observe at least one (1) play therapy session during supervision. A maximum of 25 hours of the 50 hours of supervision may be in a group setting. These supervised hours must be completed during or after the applicant earned his/her master's degree.
06 -	**Play Therapy Instruction**	Required to include documentation of at least 150 hours of play therapy specific instruction, accrued in a time period of no less than two (2) years and no more than ten (10) years from accredited universities or APT Approved Providers. Limits to the number of non-contact hours and additional stipulations are listed in **Section 06**.

For answers to frequently asked questions, please visit the SB-RPT™ FAQ page on the APT Website.

Once earned, the credential must be renewed annually. Play therapy specific continuing education is due every 3-years (see **Section 09** for renewal criteria and process) to maintain the SB-RPT™ Credential.

Application for the School Based-Registered Play Therapist™ (SB-RPT™) Credential

Applicant Information

Provide your current contact information and indicate the best way to reach you. This information will be listed on our website once approved.

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

Employer: _____ Position Title: _____

Address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Work: _____ Cell Phone: _____

Email: _____ Social Security Number (only last 4 digits): _____

Please identify the primary play therapy theory studied: _____

Application Fee and Payment: A nonrefundable fee is required at the time application is submitted. Applications ***must be submitted in hard copy*** format by USPS or courier. Email/fax applications are not accepted.

Application Fee: $210 for members and $340 for non-members This fee does not include annual Membership.	$
Not a current Member? Join now as a Professional Member by including the Annual Professional Member Fee of $110.	$
Foundation Contribution: Consider including an optional tax-exempt donation to the foundation for play therapy to support play therapy research and promotion.	$
Total Enclosed:	$

If paying by Credit Card (VISA or MasterCard only):

Name on Card: _____ Exp. Date: _____

Card Number: _____ AVS 3-digit Code: _____

Billing Address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Signature: _____ Date: _____

Section 01 – Verification of License/State Certification

Attach a copy of your current, active, and unconditional State Department of Education individual license or certification indicating that you are legally permitted to independently practice as a school counselor or school psychologist. **Do NOT submit original copies as all materials will be destroyed after review.** An add-on specialty license (e.g., addictions, art therapy, dance/movement therapy, art therapy counseling, etc.) is not acceptable in lieu of a clinical mental health license.

License (LPC, LCSW, etc.): _____ License #: _____

Licensing Board: _____

Issued (mm/dd/yy): _____ Expires (mm/dd/yy): _____

Section 02 - Verification of Graduate Degrees and Core Content Coursework

Applicants must hold a master's or higher clinical mental health degree in one of the following general practice disciplines: counseling, marriage and family therapy, psychiatry, psychology, or social work. Please be advised that add-on specialties (e.g., addictions, art therapy, dance/movement therapy, etc.) or specialized degrees (e.g., dance therapy, art therapy counseling) cannot be substituted for a general clinical mental health degree in any of the aforementioned general practice disciplines. Attach a copy of your graduate transcript(s) issued by an accredited university and list specific courses that meet each of the core areas on the credentialing application. The date your graduate degree was conferred must be clearly visible.

Master's:

Degree/Field of Study _____ Institution _____ Year _____

Doctorate:

Degree/Field of Study _____ Institution _____ Year _____

Applicants must document a minimum of six (6) graduate-level courses to satisfy the six (6) core content area requirements. Each course may be applied to only one core content area; however, multiple courses may be used to fulfill a single core content area. Courses used to fulfill the required core content areas cannot be applied toward the 150-hour play therapy instruction requirement.

Please enter the course number and title as listed on your attached transcript(s) that corresponds with each required core content area. See **Section 02** of the SB-RPT™ Credentialing Standards for additional information.

Required Core Content Area	**List Course Number and Title from Attached Transcript(s)**	
	Course Number	**Course Title**
Child Development		
Theories of Personality		
Principles of Psychotherapy		
Child & Adolescent Psychopathology		
Cultural & Social Diversity		
Legal, Ethical, and Professional Issues		

Section 03 - Verification of Clinical Experience

All applicants must have successfully fulfilled the clinical experience requirements established by the State Department of Education for obtaining a school counselor or school psychologist license or certification. For additional information on this requirement, please see **Section 03** of the SB-RPT™ Credentialing Standards.

Your Clinical Experience is recorded on **Form A, Part 1.**

- Applicants must document a minimum of **twenty-four (24) consecutive months** of full-time professional experience in a school setting after obtaining their license or certification.

This form must be completed accurately and signed by the applicant, certifying the validity of their clinical experience.

Section 04 - Verification of Supervised Play Therapy Experience

Play therapy experience must be obtained under the supervision of a current and active RPT-S™. For additional information on this requirement, please see **Section 04** of the SB-RPT™ Credentialing Standards.

Your Supervised Play Therapy Experience is recorded on **Form A, Part 2.**

- Applicants must document a minimum of **500 hours of direct play therapy experience** and 50 hours of simultaneous supervision.
- Only hours of direct client contact may be counted, and play therapy experience hours must be accrued in a time period of no less than two (2) years and no more than ten (10) years.
- For supervised play therapy experience acquired prior to January 1, 2020, please see **Appendix I** for additional information, including documentation instructions.

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

Section 05 - Verification of Play Therapy Supervision

To provide play therapy supervision, supervisors must hold a current and active RPT-S™ credential. For additional information on this requirement, please see **Section 05** of the SB-RPT™ Credentialing Standards.

Your Play Therapy Supervision is recorded on **Form A, Part 3.**

- Applicants must complete a minimum of **50 hours of play therapy supervision** and 500 hours of simultaneous play therapy experience.
- Supervision should be received at a ratio of 1 to 10. One hour of supervision for every 10 hours of play therapy experience.
- A minimum of five (5) session observations are required in order to meet the supervision requirement.
- Play therapy supervision hours must be accrued in a time period of no less than two (2) years and no more than ten (10) years.

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

For supervision acquired prior to January 1, 2020, please see **Appendix I** for additional information, including documentation instructions.

Section 06 - Verification of Play Therapy Instruction

Applicants are required to complete play therapy specific instruction in five (5) primary areas (see **Table 6.1** of the SB-RPT™ Credentialing Standards), during the simultaneous or sequential completion of both play therapy experience and supervision. For additional information on this requirement, please see **Section 06** of the SB-RPT™ Credentialing Standards.

Your Play Therapy Instruction is recorded on **Form B.**

- Applicants must complete a minimum of **150 hours of play therapy instruction** from APT Approved Providers or University graduate courses. **See Table 6.2.**
- Instructional hours must be accrued in a time period of no less than two (2) years and no more than ten (10) years.
- Applicant's play therapy coursework and trainings must demonstrate a well-rounded education in more than one play therapy seminal or historically significant theory.
- A maximum of eight (8) hours of instruction per day will be accepted.
- Effective April 1, 2025, of the 150 hours of play therapy instruction, **a minimum of 75 hours must be met by contact** (in-person) training. The remaining 75 hours may be earned via contact or non-contact training. All webinars, including live webinars are counted as non-contact training. See Terms for definition of each.

Please do not submit original certificates. Only submit copies of certificates, as original certificates will be destroyed when the application is processed.

For play therapy instructional hours acquired prior to January 1, 2020, please see **Appendix I** for additional information, including documentation instructions.

Section 07 – Integration of Play Therapy Instruction, Experience, and Supervision

APT believes in the importance of providing competent care to clients and ensuring that the SB-RPT™ credential represents quality play therapy services by the holder. It is recommended that applicants obtain play therapy competency through the intentional integration of direct instruction (**Section 06**) followed by periods of application to clinical cases (**Section 04**) accompanied by supervision (**Section 05**).

Applicants must provide documentation on **Forms A and B,** included in the SB-RPT™ Credentialing Application, to verify that their play therapy instructional hours, clinical experience, and supervision hours:

- were completed within a time period of no less than two (2) years and no more than ten (10) years;
- covered the competency areas listed in **Section 05**;
- and all credentialing requirements have been obtained with the ten (10) years immediately preceding the date on which the application is received by APT.

Form A – Clinical and Supervised Play Therapy Experience & Supervision

Applicant Name: _____ Telephone: _____

Part 1 – Clinical Experience (see Section 03)

Please document a minimum of twenty-four (24) months of continuous work as a school counselor/school psychologist, in a school setting post licensure/ certification.

School District: _____ Dates of Employment: _____/_____/_____ thru _____/_____/_____

School District: _____ Dates of Employment: _____/_____/_____ thru _____/_____/_____

School District: _____ Dates of Employment: _____/_____/_____ thru _____/_____/_____

I hereby attest that all information provided on this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Part 2 – Supervised Play Therapy Experience (see Section 04)

Please document a minimum of **500** hours of supervised play therapy experience

To be completed by applicant:

Dates of Supervised Play Therapy Experience (direct client contact):

From: _____/_____/_____ To: _____/_____/_____ Total # hours of Play Therapy Experience: _____

Part 3 – Play Therapy Supervision (see Section 05)

Please document a minimum of **50** hours of supervision (max 25 of group) and **five (5)** observations obtained during the date range listed above in Part 2. RPT-Ss providing 10 or more hours of supervision must observe at least one (1) play therapy session during supervision.

To be completed by applicant:

Provide total hours of Play Therapy Supervision (time with Supervisor discussing cases concurrent with above dates):

Individual hours: _____ # Group hours: _____ Total hours: _____

To be completed by RPT-S™:

- My role in this relationship is that of (select one): _____ Supervisor or _____ Consultant. See Terms for definitions of Supervisor and Consultant.
- The competencies listed in **Section D** have been reviewed and discussed with applicant.
- **I have observed _____ (enter #) play therapy sessions during the dates included above.**

I hereby attest that all of the information provided on this form is true and correct to the best of my knowledge and, per my license, I am eligible to supervise.

Start Date of Supervisory Relationship: _____/_____/_____

Signature: _____ Date: _____ Telephone:_____

Name: _____ Degree:_____

RPT-S™ #: _____ License: _____ Issued by: _____

Form B – Verification of Play Therapy Instruction

Applicant Name: _____ Telephone:_____

Play Therapy Instruction (see **Section 06)**

Applicants are required to complete and document a minimum of 150 hour of play therapy specific instruction in five (5) primary areas, during the simultaneous or sequential completion of both play therapy experience and supervision. See **Table 6.1**.

Attach copies of CE certificates or transcripts and syllabi verifying training listed below.

Date(s) of Training	APT Approved Provider Number	Contact	Non-Contact	Course name/number	History	Seminal Theories	Skills and Methods	Special Topics	Cultural & Social Diversity	Applicant Choice
4/15/19	***99-101***	***7***		***Sample listing: Play Therapy 101***	***1***	***2.5***	***2.5***		***1***	
Totals:				**Totals:**						

Section 08 – Attestation by Applicant

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

0801. 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™), Registered Play Therapist-Supervisor™ (RPT-S™), or School Based- Registered Play Therapist™ (SB-RPT™) 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.

0802. 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.

0803. 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.

0804. 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™, RPT-S™, and SB-RPT™ 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.

0805. I agree to immediately notify APT in writing, 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™, RPT-S™, or SB-RPT™ credential.

0806. 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™, RPT-S™, or SB-RPT™ credentialing application or renewal requirements or update my license expiration date in a timely manner;
   e. Represent my RPT™, RPT-S™, or SB-RPT™ 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.

0807. 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.

Applicant Initials: _____

0808. 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.

0809. 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.

0810. APT shall have no responsibility or liability for the impact that the delay or rejection, for any reason, of a RPT™, RPT-S™, or SB-RPT™ application for, or renewal of, RPT/S credential may have on my professional standing or employment status.

0811. 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.

0812. I acknowledge and agree that a designation as RPT™, RPT-S™, or 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 either the RPT™, RPT-S™, or SB-RPT™ 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.

0813. 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.

0814. I agree that APT may revise its credentialing program and its criteria, process, and other aspects of the RPT™, RPT-S™, and SB-RPT™ 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.

0815. I have read and agree to abide by the APT Privacy Policy as outlined on the APT website.

0816. 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 or department of education 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: _____

Application for the School Based-Registered Play Therapist™ Credential

Appendix I – Play Therapy Experience and Supervision Accumulated Prior to January 1, 2020

This form is used to document all play therapy instruction, experience and supervision completed prior to January 1, 2020. If necessary, make and distribute copies of this form to all applicable parties.

The applicant is responsible for entering the dates and hours of instruction, experience and supervision received prior to January 1, 2020. The supervisor is responsible for verifying the data provided by applicant.

Please note: All applicants must meet the criteria as specified in the SB-RPT Credentialing Standards, including, but not limited to a) the 2-year minimum (see Sections 04, 05, & 06) and b) having a minimum of five (5) session observations (see Section 05).

Applicant

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

Telephone:_____Email: _____

Section 1: Play Therapy Instruction **Prior to January 1, 2020**

Use the following table to document, in date order, any play therapy instruction completed prior to January 1, 2020 received from graduate coursework or APT Approved Providers. For additional information, see **Section 06** of the Credentialing Standards. Attach copies of CE certificates or transcripts verifying training listed below.

Date(s) of Training	APT Approved Provider Number	Contact	Non-Contact	Course name/number	History	Seminal Theories	Skills and Methods	Special Topics	Cultural & Social Diversity	Applicant Choice
4/15/19	***99-101***	***7***		***Sample listing: Play Therapy 101***	***1***	***2.5***	***2.5***		***1***	
Totals:				**Totals:**						

Date(s) of Training	APT Approved Provider Number	Contact	Non-Contact	Course name/number	History	Seminal Theories	Skills and Methods	Special Topics	Cultural & Social Diversity	Applicant Choice
4/15/19	*99-101*	*7*		*Sample listing: Play Therapy 101*	*1*	*2.5*	*2.5*		*1*	
Totals:				**Totals:**						

Section 2: Play Therapy Supervised Experience — Prior to January 1, 2020

If your Supervisor was an RPT-S™, please document no less than 335 hours of play therapy experience and 35 supervision hours (max 15 group supervision).

If your Supervisor was NOT an RPT-S™, please document no less than 500 hours of play therapy experience and 50 supervision hours (max 25 group supervision).

Provide dates of: Supervised Play Therapy Experience (direct client contact):

From: _____ /_____/_____ To: _____ /_____/_____

Total # hours of Play Therapy Experience:_____

Section 3: Play Therapy Supervision — Prior to January 1, 2020

Provide total hours of: Play Therapy Supervision (time with Supervisor discussing cases concurrent with above dates):

Individual hours:_____ # *Group* hours: _____

Supervisor Verification

Applicant indicates s/he has completed the notated hours listed above with you. Please confirm by completing this section and return form to Applicant.

Any Supervisor who provided 10 or more hours of supervision must observe at least one (1) play therapy session. Failure to meet the required observation will void the supervised experience hours.

Section 4: Supervisor Attestation

- My role in this relationship is that of (select one): _____ Supervisor or _____ Consultant. See Terms for definitions of Supervisor and Consultant.
- **I have observed ___ (enter #) play therapy sessions.**
- I hereby attest that all of the information provided on this form (Sections 1, 2, and 3) is true and correct to the best of my knowledge and, per my license, I am eligible to supervise.

Signature: _____ Date: _____ Telephone: _____

Name: _____ Degree: _____ RPT-S™ #: _____

License: _____ Issued by: _____