



## **Approved Provider Application**

### **Type I & Type II Approved Provider of Continuing Education Program**

This revision is effective as of March 1, 2019, and supersedes all previous versions.

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

## Approved Provider Application Type I and Type II Approved Providers of Play Therapy Continuing Education

**Dear Applicant:**

Thank you for your interest in the Approved Provider of Continuing Education Program designated by the Association for Play Therapy (APT), a national professional society formed in 1982 to advance the field of play therapy.

This program is intended for individuals or organizations with a passion for advancing the field of play therapy and ensuring the most competent care is provided to the most vulnerable populations, especially children, through the implementation and provision of integrative, research-informed, post-graduate play therapy educational programs.

### Type of Approved Provider Designation

Type I - Approved Providers may offer unlimited play therapy educational programs with unlimited number of continuing education credit hours within the designated approval period. There are three different approval periods awarded by APT at its discretion: 1-year, 2-year, and 5-year. Approval Period is contingent upon applicant demonstrating a solid understanding of the Approved Provider Criteria and Standards.

Type II - Approved Providers may offer play therapy training at one event that neither extends beyond five (5) consecutive days nor offers more than 25 hours of play therapy credit.

Designation Type	Application Fee (Non-refundable)	Authorization Fee (Based on APT-designated Approval Period)		
		1-year: \$125	2-year: \$225	5-year: \$525
Type I	\$150.00	1-year: \$125	2-year: \$225	5-year: \$525
Type II	\$150.00	No Authorization Fee		

Your Approved Provider application must include these items:

1. Completed and signed Approved Provider application
2. Non-refundable application fee
3. Attach all required supporting documents.

Upon receipt of your completed application and payment, an email acknowledgment will be sent and the 6- to 8-week review period commences. Please be advised incomplete applications will NOT be reviewed. Once approved, the applicant is notified via email of the approval period and corresponding authorization fee. After payment is received for the authorization fee, a certificate is automatically mailed to the address on record. A renewal notice is sent 60 days prior to the expiration of your approval period.

Should you continue to have questions after reviewing the ***Approved Provider Criteria and Standards***, please do not hesitate to contact us.

Thank you!

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## Approved Provider Application Type I and Type II Approved Providers of Play Therapy Continuing Education

You are encouraged to first review the **Approved Provider Criteria and Standards** as it will assist you in completing this application.

### Provider Standard 01 – Contact Information & Program Administration

Type of Application (select one):

Type I New Application: \_\_\_\_\_

Type II New Application: \_\_\_\_\_

Type I Renewal Application: \_\_\_\_\_ APT Provider #: \_\_\_\_\_

Please note: Type II designation may be awarded to a Type I Applicant at the sole discretion of APT.

Individual or Organizational Information (select one):

Applicant is an Individual: \_\_\_\_\_ Applicant is an Organization: \_\_\_\_\_

Name (and DBA if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Website: \_\_\_\_\_

Date Organization/Business was established: \_\_\_\_\_

Is the applicant related, by familial relation, entity ownership, or control, to a current or former APT Approved Provider? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, provide the name of the individual, his/her current or prior APT Approved Provider number, and their relationship to the applicant, and role in the applicant's business (owner, partners, shareholders, and/or program planners).

List any continuing education provider approvals (e.g. APA, NBCC, NASW, AAMFT etc.) you maintain. Include name of board or association, approval period, and provider identification number.

Continuing Education Program Administrator

The individual acting as the Continuing Education Program Administrator (CEPA) is the person completing this application and therefore is to be contacted if problems with the application are identified. The CEPA does not have to be mental health professional and is not limited to fulfilling one role (e.g. may act as the CEPA and the Required Program Reviewer).

Name: \_\_\_\_\_ RPT#: \_\_\_\_\_ RPT-S#: \_\_\_\_\_

Degree/Credentials: \_\_\_\_\_

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

Describe how this individual ensures the Approved Provider Criteria and Standards are upheld and how the “Golden Thread” approach will be implemented.

Co-Sponsorships

APT Approved Providers may co-sponsor training events with other CE providers. If co-sponsoring programs with other parties, Approved Providers retain sole and ultimate responsibility for the quality and conduct of, and record-keeping for, such programs. Co-sponsors must be displayed on all promotional material (print or digital).

Initial applicants: do you plan to co-sponsor programs with other organizations to provide play therapy continuing education programs under this provider application? \_\_\_\_\_ Yes \_\_\_\_\_ No

Renewal applicants: have you within the last 12 months co-sponsored programs with other organizations to provide play therapy continuing education programs under your APT Approved Provider number? \_\_\_\_\_ Yes \_\_\_\_\_ No

When co-sponsoring programs with other parties, do you understand Approved Providers retain sole and ultimate responsibility for the quality and conduct of, and record-keeping for, such programs?

\_\_\_\_ Yes \_\_\_\_ No

Indicate which Code of Ethics you will conduct your Approved Provider business under (e.g. APA, NBCC, NASW, AAMFT, etc.): \_\_\_\_\_

Required Items to be attached to this Provider Standard

- A list of all co-sponsored events including Title, Date, and Names of individuals and organizations for each.

**Provider Standard 02 - Required Program Reviewer**

The Required Program Reviewer is an active Registered Play Therapist (RPT) or Registered Play Therapist-Supervisor (RPT-S) in good standing. Complete the information below and *attach* the Required Program Reviewer-Attestation Form, which must be signed by the individual identified.

Name: \_\_\_\_\_ RPT#: \_\_\_\_\_ RPT-S#: \_\_\_\_\_

Degree/Credentials: \_\_\_\_\_

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

To ensure training quality and consistency, all programs for which play therapy continuing education is awarded must be reviewed and approved by the Required Program Reviewer. It is the responsibility of the Approved Provider to submit all trainings to the Required Program Reviewer for approval prior to any marketing and advertising efforts.

Describe how this individual ensures the Approved Provider Criteria and Standards are upheld and how the “Golden Thread” approach will be implemented. Is there a mechanism in place for the timely review of all programs, including content, presenters, and instructional methods? How is quality training and consistency ensured?

**Required Item(s) to be attached to this Provider Standard**

- A completed Required Program Reviewer-Attestation Form (page 18)

**Provider Standard 03 – Rationale and Process**

APT defines post-graduate level continuing education training as advanced, focused, and scholarly in that it

- a. builds upon a completed graduate mental health degree;
- b. emphasizes depth of content, not just breadth, appropriately targeted for the attending audience's existing play therapy skills and knowledge while maintaining a post-graduate level of content;
- c. finds important the vital shift from current understanding to the development of new learning, which is identified through measurable educational objectives specific for play therapy practice, and facilitates critical reflections on the current knowledge and the new learning; and
- d. presents educational content based upon
  - 1) empirically-supported, evidenced-based, peer-reviewed, research informed sources, materials, interventions, and practices;
  - 2) strong theoretical foundation;
  - 3) legal and ethical standards of professional disciplines; and
  - 4) best practices in play therapy defined by APT.

How are you ensuring that your program's educational content offers a path for the continuous acquisition of knowledge and skills through advanced and specialized post-graduate level education in the field of play therapy? Include all elements listed in Provider Standard 03 in your response.

**Provider Standard 04 – Program Planning**

This section of the application represents the essential elements necessary to offer quality post-graduate play therapy education that develops and deepens competencies to ensure the best play therapy services are provided to the most vulnerable populations, especially children. Specifically address how the Therapeutic Powers of Play are included in your Program Planning. A list of the Therapeutic Powers of Play can be found on the Approved Provider page of the APT website.

Needs Assessment: Please describe the process or mechanism you employ to conduct a needs assessment prior to continuing education program planning.

Educational Planning: How will you ensure that program content is grounded in seminal and/or historically significant theories, supported by contemporary scholarship, and demonstrated in established research that incorporates the Therapeutic Powers of Play?

Program Requirements and Recommendations: Applicants will complete the CE Activity Form on page 13 to address the criteria in this section.



**Provider Standard 05 – Selection of Instructors and Instructional Methods**

**Selection of Instructors**

How do you a) select appropriate instructors, b) assess their expertise in the program content being presented, and c) ensure their instructional methods actively involve the attendee and enhance the attainment of knowledge?

How do you ensure instructors a) declare conflict of interest, competing interest, or commercial support for the program being taught and b) provide a statement describing the accuracy and efficacy of the materials presented, the empirical basis of such statements, the limitations of the content being taught, and both the severe and most common risks?

Evaluation and Post-Test

Describe the evaluative mechanism and process in place you use to gather attendee feedback and how this information is used to inform program planning (e.g. strengthen future programs).

Describe the evaluative mechanism used to assess participant learning and how this information is used to inform program planning (e.g. strengthen future programs).

For non-contact programs, describe the method used to ensure the attendee participated in, and performed all work for which credit is awarded.

Required Items to be attached to this Provider Standard

- Sample participant evaluation form
- Sample participant post-test if applicable

**Provider Standard 06 – Awarding Credit and Records Maintenance**

Play therapy credit is awarded to mental health professionals on the basis of one (1) credit per one (1) hour of instructional time only, with a maximum of eight (8) hours per day accepted by APT.

Describe the a) method for determining the number of credits to offer and b) rationale for this method for programs where instructional time is difficult to calculate (e.g. book and journal programs).

I understand, and agree to maintain the required information identified in Provider Standard 06 for a minimum of five (5) years. \_\_\_\_ Yes \_\_\_\_ No

**Required Items to be attached to this Provider Standard**

- Sample participant Continuing Education Certificate (Certificate of Attendance)

**Provider Standard 07 - Quality Assurance**

In order to ensure quality play therapy education is being offered, APT requires Approved Providers to submit an Annual Activity Report, whether or not play therapy CE was offered, no later than December 15<sup>th</sup>.

Indicate how you will track your play therapy programs and assure the timely and accurate submission of this required report.

I understand APT holds the right to audit my Approved Provider program either by random selection or based on a specific concern(s).

Yes  No

**Provider Standard 08 - Marketing and Promotion**

I understand that APT strictly enforces the mandatory phrase policy and does not confer credit for trainings that fail to display either of the two identification methods listed in Provider Standard 08. \_\_\_ Yes \_\_\_ No

I agree to make public policies regarding program cancellations, whole or partial registration fee refunds, and resolution of attendee complaints. \_\_\_ Yes \_\_\_ No

I understand that 1) APT approves individual Approved Providers not play therapy continuing education programs; 2) I may not use statements that guarantee APT will accept all play therapy training hours; and 3) I must refrain from using the words “certified” or “accredited” when promoting my Approved Provider designation. \_\_\_ Yes \_\_\_ No

**Continuing Education Activity Form**

Type I Applicants: Complete the CE Activity Form below for the two most recent play therapy continuing education programs you have offered. If you have not yet provided any trainings, submit samples of two CE programs you wish to sponsor.

Type II Applicants: Include the required information for the training you would like considered for approval as Activity 1. Please leave Activity 2 blank.

<b>Activity 1 Title:</b>					
<b>Start Date:</b>		<b>End Date:</b>		<b># of Credit Hours:</b>	
<b>Format Delivery (select one):</b>	___ Contact Training or ___ Non-Contact Training				
<b>Instructor(s) Name:</b>				<b>Credentials:</b>	

<b>Activity 2 Title:</b>					
<b>Start Date:</b>		<b>End Date:</b>		<b># of Credit Hours:</b>	
<b>Format Delivery (select one):</b>	___ Contact Training or ___ Non-Contact Training				
<b>Instructor(s) Name:</b>				<b>Credentials:</b>	

Describe the process of selecting the instructors and the instructional methods used for these two activities.

Required Items to be attached to this Provider Standard. Attach all items listed below for each activity included in the CE Activity form on page 13. Please label each item as “Activity 1” or “Activity 2”.

- References, citations, and research used to support the presentation
- Participant Continuing Education Certificate (Certificate of Attendance)
- Participant evaluation
- Post-test (if applicable)
- Statement of conflict of interest, competing interest, or commercial support
- Cancellation and refund policy
- Marketing materials (print and digital)

## Approved Provider Application Type I and Type II Approved Providers of Play Therapy Continuing Education

### Attestation

I, the authorized representative of the Approved Provider applicant, hereby attest by my signature below, that the Approved Provider:

- a. Is solely responsible for the completeness and accuracy of the information, statements, and documents herein, that such reflect the Approved Provider's true experience, expertise, and policies, and that APT is not responsible or liable for the consequences of any incomplete, inaccurate, or misleading information.
- b. Agrees to refrain from aiding or engaging in any conduct that is prejudicial to the purpose, interests, effectiveness, or image of play therapy or APT or its members or employees.
- c. Acknowledges that APT shall not incur any responsibility or liability whatsoever for the impact that the delay or rejection, for any reason, of an application for or renewal of APT-approved play therapy continuing education provider designation may have on the Approved Provider.
- d. Agrees to regularly observe, uphold and adhere to the APT Approved Provider Criteria and Standards and current policies displayed on the APT website ([www.a4pt.org](http://www.a4pt.org)), and particularly ensure that play therapy credit is offered only for those play therapy continuing education programs described in Provider Standards 06 and that the phrase "Enhances multicultural competency" is displayed only when applicable in program content descriptions and/or learning objectives.
- e. Acknowledges and agrees that a designation by APT as an Approved Provider of APT-approved play therapy continuing education does not certify, imply, or affirm the knowledge or competency of the Approved Provider in its profession, programs, or otherwise and that such designation only confirms that the Approved Provider has satisfied these application criteria and attested that it will comply with the most current policies displayed on the APT website ([www.a4pt.org](http://www.a4pt.org)).
- f. Agrees to provide cordial, timely, and effective customer service to program attendees, to advise them of its policies regarding program cancellations, refunds, and complaint resolution process, and to expeditiously observe and enforce such policies.
- g. If Type I, assures that the content of any and all of its play therapy programs will be reviewed and approved in advance of their presentation by the Required Program Reviewer.
- h. Pledges that each of its play therapy programs and the presenters will adhere to a Code of Ethics promulgated by the American Psychological Association, American Counseling Association, National Association of Social Workers, or the American Association of Marriage and Family Therapists and will immediately identify by which Code any one or more programs have been or will be conducted upon request.
- i. Acknowledges and agrees that APT-approved play therapy credit may be granted for its post-graduate level continuing education programs utilizing a) its own self-authored books and other materials and b) learning materials which it or others have authored in accordance and compliance with public copyright laws and regulations.
- j. Agrees to display this mandatory phrase verbatim "APT Approved Provider XX-XXX" in all program marketing materials (print and digital), and certificates of attendance.

\_\_\_\_\_  
Initial



- k. Acknowledges that APT reserves the sole right to resolve any and all complaints regarding its Approved Provider designation and may, in accordance with the Appendix I – Application Denial, Complaints, and Appeals published in the APT Approved Provider Criteria and Standards, place the Approved Provider on probation, temporarily suspend, or permanently revoke its designation. When warranted, APT may, in its sole discretion, also file an official complaint with the appropriate licensing board of Approved Provider, RPT/S, presenter or all of the foregoing.
- l. Agrees to hold harmless APT as set forth in the APT Approved Provider Criteria and Standards
- m. Agree that APT may revise its Approved Provider program and its criteria, process, and other aspects of the program at its sole discretion and that 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 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.
- n. Has read, fully understands, and agrees to abide by the terms, conditions, rules, procedures and application criteria published in this application and the APT Approved Provider Criteria and Standards.

**CE Program Administrator:**

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**Print Name**

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**Signature**

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**Date**

## Approved Provider Application Type I and Type II Approved Providers of Play Therapy Continuing Education

### Non- Refundable Application Fees and Payment Options

A non-refundable Application Fee of \$150 is due at time of application submission and covers only the review of your application to determine eligibility and length of approval period (1-, 2-, or 5-year). Incomplete applications or applications without accompanying fee will not be reviewed.

Authorization fee is determined by APT after review of the Approved Provider application with supporting documentation and is contingent upon the applicant demonstrating a solid understanding of APT Approved Provider Criteria and Standards.

Application Type	Application Fee (Non-refundable, and due at time of submission)	Authorization Fee (Based on APT-designated Approval Period, and billed after review and approval)		
		1-year: \$125	2-year: \$225	5-year: \$525
Type I	\$150.00	1-year: \$125	2-year: \$225	5-year: \$525
Type II	\$150.00	No Authorization Fee		

Select type of payment: \_\_\_\_\_ Check \_\_\_\_\_ Mastercard \_\_\_\_\_ VISA

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ AVS Security Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your Application!**

## Approved Provider Application Type I and Type II Approved Providers of Play Therapy Continuing Education

### Required Program Reviewer – Attestation Form

To ensure training quality and consistency, all programs for which play therapy continuing education is awarded must be reviewed and approved by the Program Reviewer, who is an active Registered Play Therapist (RPT) or Registered Play Therapist-Supervisor (RPT-S) in good standing.

It is the responsibility of the Approved Provider to ensure that the Required Program Reviewer is informed about the continuing education requirements described in Provider Standards 02, 03, and 04 of the Approved Provider Criteria and Standards.

Please list the RPT or RPT-S designated as the Required Program Reviewer, responsible for reviewing and approving play therapy program content:

Name \_\_\_\_\_

Degree/Credentials: \_\_\_\_\_ RPT#: \_\_\_\_\_ or RPT-S# \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Attestation

I have read and agree to abide by the Provider Standards 02-04 detailed in the APT Approved Provider Criteria and Standards. I understand that I have been designated as the Required Program Reviewer.

Signature of Required Program Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_