



Approved Provider Application: Type I & Type II Approved Provider (AP) of Continuing Education Program

Introduction

Type I applications are completed and submitted by an agency or individual wishing to be deemed a play therapy continuing education Approved Provider (AP) by the Association for Play Therapy, Inc. (APT) for a period of three (3) years.

Type II status provides play therapy training at one event that neither extends beyond five (5) consecutive days nor offers more than 25 hours of play therapy credit.

The twelve (12) months following the award of AP Type I status is deemed a *preliminary approval period* at the end of which the AP must submit an Interim Report provided by APT. The AP addresses any questions or concerns raised by APT or its Registration & Continuing Education committee (Committee) in this report. Once reviewed and approved, AP status continues until the completion of the three-year period. If, however, at any time during the initial three-year period it is determined that the AP has not complied with the terms and conditions of this application or the APT Approved Provider Program Guide (Guide), or has acted in a manner that is a basis for probation, suspension, or revocation under the Guide, AP status may be placed on probation or be temporarily or permanently revoked.

All announcements and materials that inform, promote or register individuals for approved play therapy training must display this mandatory phrase verbatim: **APT Approved Provider XX-XXX.**

01. Type of Approved Provider Designation

Type I: New application: _____

Type I: Renewal application: _____ APT Provider #: _____

Type II: New application: _____

Applicants for Type I Approved Provider designation are subject to designation as Type II Approved Provider at the sole discretion of APT, in which case, the application fee shall be appropriately modified. After completion of the Type II Approved Provider programs, new application for Type I Approved Provider designation may be made.

02. Individual or Organizational Information

Individual: _____ **OR** Organization: _____

Name (and DBA if applicable): _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Please list any education provider approvals you maintain or are in the process of applying for:

Board or Association Name	Provider #

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03. Continuing Education Director

Name: _____ RPT/S: ____ Yes ____ No

Degree/Credentials (ie: PhD, LP or MSW, LCSW, etc): _____

Telephone: _____ Email: _____

04. Standards & Quality Assurance:

RPT/S Reviewer (RPT or RPT-S who reviews play therapy program content):

Name _____ RPT/S: ____ Yes ____ No

Degree/Credentials (ie: PhD, LP or MSW, LCSW, etc): _____

Telephone: _____ Email: _____

Registered Play Therapist or Registered Play Therapist-Supervisor Review: To ensure training quality and consistency, programs offered by **Type I Approved Providers** must be previewed and approved by an active Registered Play Therapist (RPT) or Registered Play Therapist-Supervisor (RPT-S). It is the responsibility of the Approved Provider to ensure that the RPT/S designee is informed about the play therapy continuing education standards described in Item 04 of the Guide.

_____ **RPT/S Reviewer Initial here**

Sample Programs: To demonstrate your ability to comply with APT programming knowledge and skills and ability, please attach these items to your application:

- a. **Brochure.** This publication for an impending or planned play therapy event or program must reflect those essential elements described in the Guide in Section 04.
- b. **Certificate of attendance.** This certificate for an impending or planned play therapy event or program must reflect those essential certificate elements described in the Guide in Section 06.

05. Application Fees & Payment Options

- Review/ Application Fee & Payment Options section in Guide and then calculate Total Fee below.
 - 1) Approved Provider fee (Type I: \$400 or Type II: \$150): \$ _____
 - 2) Plus - Rush fee (*optional*, review in 2 business days: \$50): \$ _____
 - 3) Equals - Total Fee (payable to APT in US dollars only): \$ _____
- Make check or money order payable to *APT*.
- If payment by credit card: ____ Mastercard ____ Visa
- Name on Card: _____ Account Number: _____
- Expiration Date: _____ AVS Security Code: _____ (3-digit code on back of card)
- Billing Address: _____
- City: _____ State: _____ Zip code: _____ Country: _____

▪ Signature: _____ Date: _____

06. 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 play therapy standards, the Guide and current policies displayed on the APT website (www.a4pt.org), and particularly ensure that play therapy credit is offered only for those play therapy continuing education programs described in Section 04 of the Guide 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).
- 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 a Registered Play Therapist (RPT) or Registered Play Therapist-Supervisor (RPT-S) and will immediately provide name of such person upon request.
- 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 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 promotional brochures, advertisements, registration materials, and certificates of attendance.
- 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 Complaint and Review Procedures published in the Guide, 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 Program Guide.
- 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 Program Guide.

Signature CE Director: _____ Date: _____

Signature RPT/S Reviewer: _____ Date: _____



Checklist: Did you...

- ✓ Sign the Attestation
- ✓ Attach a sample Brochure
- ✓ Attach a sample Certificate of Attendance
- ✓ Included your Payment (check, M.O., or CC #....)

Submit completed application and supporting documentation to:

Alexandra Jarrell, Continuing Education & Credentialing Coordinator
Association for Play Therapy
401 Clovis Avenue, Suite 107, Clovis, CA 93612
559-298-3400 x 4 * Fax 559-298-3410 * ajarrell@a4pt.org



Approved Provider Application: Form A

Type I & Type II Approved Provider (AP) of Continuing Education Program

General Information

1. Name of applying individual or organization: _____

2. Date Organization/Business was established: _____

3. Please indicate the type of organization:

- _____ Individual
- _____ Professional Society/Association
- _____ Private Educational Organization
- _____ Mental Health Center/Clinic
- _____ Government Agency
- _____ Other (Specify) _____

4. Please list all owners, partners or shareholders of the organization listed in line 1 above: _____

5. Please state the goals of your continuing education program.

6. Provide a list of names, highest degree earned and employment setting of individuals responsible for program planning, and describe the contribution of each individual to the planning process.

Name	Degree	Employment Setting	Role in Program Planning

7. Who is the administrator of your CE program? Describe how this individual ensures that the Standards and Quality Assurance included in the Approved Provider Guide are upheld.

8. How do you a) select instructors and b) develop content that respects issues of diversity?

9. Do you plan to co-sponsor programs with other organizations to provide continuing education programs under this provider application? ____ Yes ____ No

10. If co-sponsoring programs with other parties, do you understand that Approved Providers retain sole and ultimate responsibility for the quality and conduct of, and record-keeping for, such programs?
____ Yes ____ No

11. If you co-sponsor with other organizations to offer CE programs, provide an attachment that lists the names of the organizations, the program titles, program dates, and current or former APT Approved Provider number, if applicable.

12. Provide the summary data below for the three most recent CE programs you have offered.

Summary Data for Four Most Recent CE Activities

Activity Title & Date	# and type of Credits Awarded	Instructional Method	Learning Objectives	Instructor(s)

13. For any individual or organization listed in this Form A, please identify whether such individual or organization is, or is related to (by familial relation or entity ownership or control), a **current or former** APT Approved Provider and, if so, provide the Approved Provider number.