We are delighted to invite you to become certified as a Certified Child-Centered Play Therapist- Supervisor!

**Certified Child-Centered Play Therapist-Supervisor**

***Agreement Statement***



The Certified CCPT-S designation is intended to recognize those specially trained and supervised in the theory and application of Child-Centered Play Therapy. As a Certified CCPT-S, you will be qualified to provide clinical supervision for practitioners working toward fulfilling their clinical requirements to become certified as a child-centered play therapist (Certified CCPT).

If you would like to accept certification as a Certified Child-Centered Play Therapy-Supervisor, please complete this form by completing contact information and initialing on the line next to each statement below, indicating agreement.

**As a CCPT-Supervisor**

\_\_\_\_ I agree to my name, credentials, and contact information being included in an online registry of available supervisors. Please list my information as:

***Name:***

***Licenses and Credentials currently held:***

***Location (City, State):***

***Phone Number:***

***Email Address:***

***Type of Supervision (individual, triadic, group, etc.):***

***Delivery of Supervision (in-person, virtual):***

***Supervision Fee:***

***Languages Spoken:***

***Experience or Specialty:***

\_\_\_\_ I confirm that I currently or in the past year practice CCPT **OR** that I currently provide supervision to counselors practicing CCPT.

\_\_\_\_ I agree, for the purpose of supervising mental health practitioners seeking certification as a Certified Child-Centered Play Therapist, to adhere to CCPT attitudes, principles, and procedures during the supervised experience component of the CCPT certification process.

\_\_\_\_ I acknowledge that potential supervisees will contact me directly.

\_\_\_\_ I acknowledge that I am responsible for designating my own fees-for-service scale and supervisory agreement contract with supervisees.

\_\_\_\_ Supervisees seeking CCPT supervision will be responsible for communicating to me their supervisory needs, but I also have access to supervisees’ certification requirements at <https://cpt.unt.edu/child-centered-play-therapy-certification>.

\_\_\_\_ I will contact the Center for Play Therapy in writing to terminate this agreement as a Certified CCPT-S.

Upon completion of this agreement statement, please sign and date below and submit via email to Center for Play Therapy at University of North Texas at [cpt@unt.edu](mailto:cpt@unt.edu). Center for Play Therapy staff will review, sign below, then send you this completed form for your records along with proof of certification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCPT Supervisor Applicant’s Signature Date Center for Play Therapy agent Date

**Center for Play Therapy - University of North Texas**

[cpt@unt.edu](mailto:cpt@unt.edu)

Updated September 2023