

Certified Child-Centered Group Play Therapist Supervisor Application



Applicant Information

Last Name: _____ First Name _____
Name as you want it shown on the certificate: _____
Current Street Address: _____
City, State, Zip Code: _____
Phone Number: _____ (office) _____ (home/cell)
Email: _____

- I want to be listed as an active provider on the online directory of *Certified CCGPT* providers and understand that my contact information listed above will be included in this directory.
- I want to be listed as an active provider on the online directory of *Certified CCGPT* supervisors and understand that my contact information listed above will be included in this directory.

Employment Information

Current Employer: _____
Setting: Private Practice Agency School University Hospital Other
Employer Street Address: _____
City, State, Zip Code: _____
Phone Number: _____
Email: _____
How long have you been employed at this business/agency? _____

Graduate Education

Please list in chronological order starting with most current:

Degree	Institution/University	Graduation Date

Licensure/Credentials

Mental Health License Type: _____
License Number: _____ Issuing State: _____ Expiration Date: _____

Other current credentials held: (please spell out)

CCGPT Educational Requirements

- I have received my CCGPT certification.
- I have received my CCPT-S certification.
- I completed all educational requirements and **I have attached evidence of completion for all requirements** (e.g., certificates of completion of CCGPT 101).

Certification Application Fee: \$95

- I paid my \$95 certification application fee online.

Acknowledgements

Please initial next to each item to indicate agreement:

- _____ I understand that my CCGPT-S certification must be renewed every *five (5) years* on November 1 of the given year my CCGPT-S certification expires.
- _____ I will contact the Center for Play Therapy in writing to modify contact information or terminate my certification as a Certified CCGPT Supervisor.
- _____ I understand that my CCGPT-S certification is no longer valid if at any time my mental health license is suspended or inactive.

CCGPT-S Practice Agreement

As a child-centered group play therapist, I believe that children have an inherent tendency towards growth and are capable of positive self-direction. In practice, I will honor the child’s potential to move toward self-enhancing ways of being and encourage parents and caretakers to recognize the innate capacity of the child to seek wellness. Additionally, I will seek to establish a relationship with each child characterized by genuineness, unconditional positive regard, and empathic understanding. I will adhere to CCPT and CCGPT attitudes, principles, and procedures during the provision of child-centered group play therapy services.

- I agree

By signing this document, I verify that information I provided in this application is accurate and correct.

Applicant’s Signature

Date

Center for Play Therapy agent

Date

Upon completion of this application, please submit to Stephanie Carr at cpt@unt.edu