

**Certified Child-Centered Play Therapist  
Certified Child-Centered Group Play Therapist  
Renewal Application**



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**This renewal application is completed for both CCPT and CCGPT certification renewal.**

**I am renewing:**

- CCPT Certification
- CCGPT Certification

**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 CCPT* providers 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? \_\_\_\_\_

**Licensure/Credentials**

Mental Health License Type: \_\_\_\_\_

License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*Other current credentials held: (please spell out)*

\_\_\_\_\_



**Certification Renewal Application Fee: \$95**

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

**Acknowledgements**

Please initial next to each item to indicate agreement:

- \_\_\_\_\_ I understand that my CCPT/CCGPT certification must be renewed every *five (5) years* on November 1 of the given year my CCPT/CCGPT certification expires.
- \_\_\_\_\_ I understand that CPT reserves the right to audit my renewal application, including providing evidence of completion for the required 12 hours of CCPT/CCGPT continuing education.
- \_\_\_\_\_ I will contact the Center for Play Therapy in writing to modify contact information or terminate my certification as a Certified CCPT/CCGPT Practitioner.
- \_\_\_\_\_ I understand that my CCPT/CCGPT certification is no longer valid if at any time my mental health license is suspended or inactive.

**CCPT Practice Agreement**

As a child-centered 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 attitudes, principles, and procedures during the provision of child-centered play therapy services.

- I agree

By signing this document, I verify that information I provided in this renewal 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](mailto:cpt@unt.edu)