

Certified Child-Centered Play Therapist Supervisor

Certified Child-Centered Group Play Therapist Supervisor

Renewal Application



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

I am renewing:

- CCPT-S Certification
- CCGPT-S 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.
- I want to be listed as an active provider on the online directory of *Certified CCPT* 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? _____

Licensure/Credentials

Mental Health License Type: _____

License Number: _____ Issuing State: _____ Expiration Date: _____

Other current credentials held: (please spell out)

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 CCPT/CCGPT supervisor certification must be renewed every *five (5) years* on November 1 of the given year my CCPT/CCGPT supervisor 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 Supervisor.
- _____ I understand that my CCPT/CCGPT Supervisor certification is no longer valid if at any time my mental health license is suspended or inactive.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 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