

Certified Child-Parent Relationship Therapist Renewal Application



Applicant Information

Last Name: _____ First Name _____
Name as you want it to appear 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 CPRT* 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 CPRT certification must be renewed every *five (5) years* on November 1 of the given year my CPRT 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/CPRT continuing education.
- ____ I will contact the Center for Play Therapy in writing to modify contact information or terminate my certification as a Certified CPRT Practitioner.
- ____ I understand that my CPRT certification is no longer valid if at any time my mental health license is suspended or inactive.

CPRT Practice Agreement

As a child-parent relationship therapist, I embrace child-centered play therapy philosophy and believe that children have an inherent tendency towards growth and mastery that is facilitated within a parent-child relationship characterized by empathic understanding and unconditional positive regard. In practice of CPRT, I will support and encourage parent’s potential to be therapeutic agents in their children’s lives grounded in the belief that parents are capable of learning CCPT attitudes and skills that foster attuned and responsive parenting. I understand the need for intentional balance between providing parents dynamic support, didactic content, skills training, and supervised experience of weekly play sessions. I will exercise clinical judgement while adhering to CPRT philosophy and protocol outlined in the CPRT text (Landreth & Bratton, 2006, 2020) and treatment manual (Bratton, Landreth, et al., 2006, 2020) in provision of child-parent relationship therapy.

- 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