



## **Certification Standards Certified Play Therapist (CPT) (Revised November 21, 2020)**

### **1. Membership:**

- a. Maintain status as a member-in-good standing with CAPT and comply with the CAPT Code of Ethics.
- b. Maintain status as a certified, licensed, or registered member-in-good standing with a license to independently provide clinical mental health services in a Canadian professional association or governing body.
- c. CPT members are required to provide proof of valid liability insurance through a professional insurance provider annually.
- d. CPT members are required produce a recent (within 6 six months of Certification enrollment), Police Certified Criminal Record with Vulnerable Sector check, which is updated in the event an offence occurs on your record

### **2. Education:**

A minimum of a Masters Degree in an appropriate mental health discipline from an accredited institution or full membership in a regulatory professional body that governs psychotherapists.

- a. Must have completed under-graduate or graduate level courses in the following areas:
  - 1) General Concepts and Principles of Child Development: biological, psychological, and social development
  - 2) Child and Adolescent Behavioural Disorders/Psychopathology: abnormal child psychology
  - 3) Theories of Personality: understanding of personality development.
  - 4) Legal, ethical, and professional issues: applicable Provincial and National legal practices, including family law/child welfare/mental health legislation and her/his specific discipline's ethical code and standards of practice.
- b. Must have completed one (1) graduate-level course in General Concepts and Principles of Psychotherapy: individual, family, and group psychotherapy.

### **3. Foundation Play Therapy Training:**

- a. Must have completed at least 180 hours of graduate-level course work specific to the area of child psychotherapy/play therapy from the CAPT Certificate Program, from CAPT Approved Providers, from an institute of higher learning, or from other training programs or workshops, that will include the following areas:
  - 1) Play Therapy Theory and Approaches (60 hours)
  - 2) Play Therapy Techniques (60 hours)
  - 3) Play Therapy Special Populations (60 hours)
- b. If all or part of Foundation Play Therapy Training occurred outside of the CAPT Certificate Program or CAPT Approved Providers, the applicant may challenge some or all the Foundation Play Therapy Training hours by submitting this request to the Education Committee.
- c. The challenge process includes an evaluation of the educational experience with suggestions for the applicant to ensure that these educational experiences are equivalent to those in the approved and accredited CAPT Foundation Training. Details on this process are located on the Prior Learning Assessment and Exemption (Form C) on the CAPT Certificate Program page on the CAPT website.
- d. All the 180 hours (100%) of the Play Therapy Foundation Training can be completed via an online platform. The training can be completed at various times and in any respective order as the applicant's choosing. The applicant must complete all of the training with the same training provider. It is the applicant's responsibility to ensure that each of the 3 categories of Play Therapy Foundation Training are met with the respective required hours: Theory and Approaches (60 Hours), Play Therapy Techniques (60 hours) and Play Therapy Special Population (60 hours)

### **4. Clinical Practice Hours (minimum of 2000 clinical experience hours):**

- a. Must complete 2000 direct on-site hours of supervised general clinical experience, not more than 1000 hours of which may be accrued prior to the completion of a Master's degree. Due to Covid-19, these hours of clinical work may be completed via an online platform that is HIPPA, PIPEDA and/or PHIPA compliant. This must be approved by the applicant's place of employment or governing body. CAPT will be accepting hours of clinical practice using this format only during the Covid-19 pandemic time frame and until the pandemic is declared over and/or full services of face-to-face are approved provincially, and
- b. Must have completed at least 500 hours supervised experience specific to child psychotherapy/play therapy. These hours must be completed while under the supervision of a formal CAPT supervisor (CPT-S). These hours may be included within the supervised general clinical experience hours. They can only be accrued after the applicant has graduated with a Master Degree

### **5. Clinical Supervision relating to child psychotherapy/play therapy:**

- a. Must participate in a minimum of 50 hours of clinical supervision specific to the practice of child psychotherapy/play therapy that is conducted by a certified CAPT supervisor (CPT-S).

- b. A minimum of 10 hours of the 50 hours need to be direct, one to one supervision by a CPT-S. That is the supervisee's clinical work is directly observed by the supervisor, either by one-way mirror, videotape, or co-counselling. Due to the Covid-19 pandemic, CAPT is aware that recording of sessions completed via an online platform may not be possible, this limitation may further impact a CPT-S ability to view the supervisee's work. CAPT will support applicants with their registration process by accepting that the applicant provide their CPT-S supervisor with an in-depth review of 10 sessions or a re-enactment of 10 sessions done through a secure on-line platform. The review would include all conversations, responses, and use of toys, the themes and therapeutic Play techniques used. The supervisor will record proof of these sessions and will submit a document stating the above being met and completed.
- c. Up to 20 hours of the 50 hours can be group supervision run by a CPT-S with the group being no larger than 6 people.
- d. A minimum of 10 hours of the 50 hours must be from the same CPT-S.
- e. Written verification of these hours is required recorded on the Clinical Supervision Tracking Form. These hours can only be accrued after the applicant has graduated with a Masters Degree.

## **6. References:**

- a. Must submit two (2) references from supervisors who have witnessed the applicant's clinical practice using child psychotherapy/play therapy. At least one (1) reference must be from a formal CAPT supervisor (CPT-S) who has supervised this candidate for a minimum of 10 hours. In addition to these two letters of reference, all hours of clinical practice and supervision must be verified in writing using the Clinical Supervision Tracking Form.
- b. Must submit two (2) references from colleagues who are familiar with the applicant's clinical practice. At least one (1) reference must relate specifically to the applicant's practice in child psychotherapy/play therapy.
- c. All reference letters must be sent to the applicant via mail or email (please print the email correspondence and include as part of application). Once all references have been received by the applicant, the applicant submits these to the certification committee along with the completed certification application package. For confidentiality purposes, please do not send references to the head office.

## **7. Interview and Submission of Video Recordings:**

- a. The Certification Committee, or any CPT-S providing more than ten (10) hours of supervision to an applicant, may request the applicant to submit unedited video recordings of her/his therapeutic work (2 therapy sessions).
- b. The Certification Committee may request that the applicant participate in an interview with the Certification Committee in support of her/his certification application.

## **8. Submission of Essay**

Must submit a 750 to 1000-word essay detailing how your theoretical orientation informs your approach in a specific case example.

## **9. Requirements Once Certified**

CPTs are required to obtain 12 hours of continuing education per year to maintain certification with CAPT. This continuing education must be related to the theory and practice of child psychotherapy/play therapy.



Member Number: \_\_\_\_\_

**Application Checklist**

**PLAY THERAPIST (CPT)  
CERTIFICATION APPLICATION**

**Please ensure that your application is complete before submitting it to the Certification Committee for evaluation. It is your responsibility to ensure that each of the items below are complete and included in your application package. Once complete, please send the package to CAPT, Attention the Certification Chair.**

- 1) Completed Cover Sheet \_\_\_\_\_
- 2) Signed Authorization \_\_\_\_\_
- 3) Proof of membership in CAPT \_\_\_\_\_
- 4) Masters Degree in an appropriate mental health discipline from an accredited institution or full membership in a regulatory professional body that governs psychotherapists. \_\_\_\_\_
- 5) Proof of a recent (within six months of application) Police Certified Criminal Record or Vulnerable Sector check, which is updated in the event an offence occurs on your record \_\_\_\_\_
- 6) Proof of liability insurance through a professional insurance company \_\_\_\_\_
- 7) Official transcripts in sealed envelopes, affixed with Registrar's signature across the seal, or in tamper-proof envelopes. Please include course descriptions where course titles are ambiguous. \_\_\_\_\_
- 8) Record of direct clinical practice \_\_\_\_\_
- 9) Record of clinical supervision (Tracking Form) \_\_\_\_\_
- 10) All reference letters as per the standard requirements. \_\_\_\_\_

Approved by the CAPT Board of Directors  
November 21, 2020

12) Application Fee Cheque for \$300 plus HST (\$339)  
made payable to Canadian Association for Play Therapy (CAPT) \_\_\_\_\_

13) Completed Application \_\_\_\_\_  
- **Mail the completed application to the CAPT Office**

14) Checklist (this form) \_\_\_\_\_



## Cover Sheet

### PLAY THERAPIST CERTIFICATION APPLICATION

Within this application package you will find a description of the certification requirements, an application, reference forms and a checklist. Blank reference forms have been provided. Please forward these forms to your supervisors (2), and colleagues (2). These references should be completed and returned to you in sealed envelopes, with signatures across the seal. Include these references in the completed application package. Please ensure that the application package is complete before submitting to the Certification Committee for evaluation.

I \_\_\_\_\_ (Print applicants name) give my permission to the CAPT certification committee chair and/or the certification committee to contact the below references in support of my application as a Certified Play Therapist.

Date: \_\_\_\_\_ Signature (of Candidate): \_\_\_\_\_

**Supervisor 1:** Name \_\_\_\_\_

Phone Number & Email: \_\_\_\_\_

**Supervisor 2:** Name \_\_\_\_\_

Phone Number & Email: \_\_\_\_\_

**Colleague 1:** Name \_\_\_\_\_

Phone Number & Email: \_\_\_\_\_

**Colleague 2:** Name \_\_\_\_\_

Phone Number & Email: \_\_\_\_\_



**Authorization**

**PLAY THERAPIST  
CERTIFICATION APPLICATION**

Acceptance of membership in CAPT connotes your acceptance of the CAPT Code of Ethics and amendments to the Code and shall constitute your agreement to carry on the profession of Play Therapy in conformity with this Code of Ethics.

I agree to accept the CAPT Code of Ethics and amendments to the Code.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature

I agree to have my name appear in the National Register of Certified Play Therapists and to be listed in other CAPT publications (both written and electronic media).

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature

The foregoing information has been voluntarily supplied by the undersigned for applying to be certified by CAPT as a Play Therapist. I understand that any of the information may be reviewed by representatives of The Canadian Association for Play Therapy and that, in the process of evaluation and verification of information; such information may become known to third parties. The undersigned expressly waives any claim to confidentiality about this application.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature





## **APPLICATION FOR CERTIFICATION AS A PLAY THERAPIST (CPT)**

The membership category of Certified Play Therapist is a specialized category of membership in the Canadian Association for Play Therapy (CAPT).

**No material submitted will be returned. Please make a copy of the completed application for your record prior to submission.** Please send only materials specifically requested in this application. If you find that you need more space than provided, please use the reverse side of the page.

Upon approval of this application, a certificate will be provided by The Canadian Association for Play Therapy.

The non-refundable certification application fee of \$300.00 plus HST Canadian Funds, covers the cost of processing the application, and if approved, the issuance of a certificate.



Canadian Association for Play Therapy  
**FOR CERTIFICATION AS A  
PLAY THERAPIST (CPT)**

**Member Number:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Which number do you wish to be publicly available?

HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ BOTH: \_\_\_\_\_

**1. MEMBERSHIPS:**

a) Member of CAPT since (month/year) \_\_\_\_\_

Current membership number \_\_\_\_\_

b) Proof of a recent Police Certified Criminal Record or Vulnerable Sector check.

c) Proof of liability insurance through a professional insurance.

d) List all currently held professional licenses, certifications, registrations and professional memberships:

Organization	Indicate member/certification/license


**2. EDUCATION**

Please submit proof of copy of diploma/degree and official transcripts for courses taken.

a. **DIPLOMA/DEGREES:**

List diplomas and degrees - For certification as a CPT, you must have a minimum of a

Degree/Diploma	Area of Study	Institution	Graduation Date
1.			
2.			
3.			

b. **BASIC EDUCATION:**

Indicate which specific college or university undergraduate or graduate courses you have completed that match each of the following required knowledge/concept areas:

Note: A course can only be listed under one heading. Please attach all course descriptions. You may add a further chart, attached to this document, as needed.

1. General concepts and principles of child development-including biological, psychological and social development (full or two half courses)
2. Child and adolescent behavioural disorders/psychopathology-abnormal child psychology (full or two half courses)
3. Theories of personality-should include an understanding of personality development (at least one half course)
4. Legal, ethical and professional issues including applicable provincial and national legal practice, family law/child welfare/mental health legislation as well as discipline specific ethical codes and standards of practice. (full or two half courses)

General concepts and principles of child development

Course Title	Institution	Enrolment Dates	Credit Hours

Child and adolescent behavioural disorders and psychopathology

Course Title	Institution	Enrolment Dates	Credit Hours

Theories of personality

Course Title	Institution	Enrolment Dates	Credit Hours

Legal, ethical and professional issues

Course Title	Institution	Enrolment Dates	Credit Hours

**c. COUNSELING COURSE REQUIREMENT:**

Must have completed at one full or two half graduate level course(s) in general concepts and principles of psychotherapy including individual, family and group psychotherapy.

Course Title	Institution	Enrolment Dates	Credit Hours

**3. FOUNDATION PLAY THERAPY TRAINING**

Please list all programs and courses attended. Attach proof of attendance. You may add a further chart as needed.

Course Title	CAPT Approved Sponsoring Organization	Foundation Training topics in course	Course hours	Dates Attended


a. List any additional training in Child Psychotherapy and Play Therapy.

Program Title	Sponsoring Organization	Number of Hours	Date(s)

You may add a further chart attached to this document.

**4. CLINICAL PRACTICE HOURS: (Total of 2000 Hours)**

Must complete 2000 direct on-site hours of supervised general clinical experience, not more than 1000 hours of which may be accrued prior to the completion of a Master's degree.

Supervised clinical practice

Name of organization where practice hours took place	Job description	Dates of employment	Supervised clinical practice hours

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You may add a further chart to this document.

a. Supervised practice specific to child psychotherapy/play therapy (500 hours)

Must have completed at least 500 hours supervised experience specific to child psychotherapy/play therapy. These hours must be completed while under the supervision of a formal CAPT supervisor (CPT-S). These hours may be included within the supervised general clinical experience hours. They can only be accrued after the applicant has graduated with a Master Degree

Supervised practice specific to child psychotherapy/play therapy

Name of organization where clinical hours in child therapy took place	Job description	Dates of employment	Supervised clinical hours in child therapy

**5. CLINICAL SUPERVISION RELATING TO CHILD PSYCHOTHERAPY/PLAY THERAPY:**

- a. Must participate in a minimum of 50 hours of clinical supervision specific to the practice of child psychotherapy/play therapy that is conducted by a certified CAPT supervisor (CPT-S).
- b. A minimum of 10 hours of the 50 hours needs to be direct, face to face supervision by a CAPT Certified Play Therapist Supervisor. **(please see the details of COVID adaptation above in the Standard)**
- c. Up to 20 hours of the 50 hours can be group supervision run by a CPT-S with the group being no larger than 6 people.
- d. A minimum of 10 hours of the 50 hours must be from the same CPT-S.
- e. Written verification of these hours is required recorded on the Clinical Supervision Tracking Form. These hours can only be accrued after the applicant has graduated with a Masters Degree.

Supervisor Name and Credentials	Dates of supervision	Hours of supervision	Individual or group format

You may add a further chart attached to this document.

**6. PROFESSIONAL ACTIVITIES:**

- a. Please indicate if you have taught workshops, courses, lectures, or presentations relevant to child psychotherapy and/or play therapy

Program Title	Sponsoring Organization	Number of Hours	Date(s)

You may add a further chart attached to this document.

- b. Please indicate the publications in which you have been involved, starting with the most recent. Please indicate under type of publication if this was a referred publication (i.e. peer reviewed journal), book, or book chapter. If there were multiple authors please list your co-authors.

Date of Publication	Title of Publication	Type of Publication	Please list any co-authors

You may add a further chart attached to this document.

## **7. INTERVIEW AND SUBMISSION OF VIDEO RECORDINGS:**

- a. The Certification Committee, or any CPT-S providing more than ten (10) hours of supervision to an applicant, may request the applicant to submit unedited video recordings of her/his therapeutic work (2 therapy sessions).
- b. The Certification Committee may request that the applicant participate in an interview with the Certification Committee in support of her/his certification application.

## **8. SUBMISSION OF ESSAY**

Must submit a 750 to 1000-word essay detailing how your theoretical orientation informs your approach in a specific case example.

## **9. REQUIREMENTS ONCE CERTIFIED**

CPTs are required to obtain 12 hours of continuing education per year to maintain certification with CAPT. This continuing education must be related to the theory and practice of child psychotherapy/play therapy.

## **10. REFERENCES:**

- A. Must submit two (2) references from supervisors who have witnessed the applicant's clinical practice using child psychotherapy/play therapy. At least one (1) reference must be from a formal CAPT supervisor (CPT-S) who has supervised this candidate for a minimum of 10 hours. In addition to these two letters of reference, all hours of clinical practice and supervision must be verified in writing using the Clinical Supervision Tracking Form.
- b. Must submit two (2) references from colleagues who are familiar with the applicant's clinical practice. At least one (1) reference must relate specifically to the applicant's practice in child psychotherapy/play therapy.
- c. All reference letters must be sent to the applicant via mail or email (please print the email correspondence and include as part of application). Once all references have been received by the applicant, the applicant submits these to the certification committee along with the completed certification application package. For confidentiality purposes, please do not send references to the head office.





**REFERENCES FROM CAPT SUPERVISOR  
(or from Approved Supervisor)  
Certified Play Therapist**

This is a confidential reference. Please mail this to your Supervisor and advise him/her to return the completed form directly to you.

Name of Candidate: \_\_\_\_\_

Number of Years you have known the candidate's work: \_\_\_\_\_

Supervisory Setting: \_\_\_\_\_

Hours of direct clinical supervision provided by you:

Individual: \_\_\_\_\_

Group: \_\_\_\_\_

(# in group): \_\_\_\_\_

Any CAPT supervisor (CPT-S) providing ten (10) or more hours of supervision must observe at least one play therapy session of the supervisees clinical work during this time frame. This can be through live or video observation. Please confirm that this requirement has been met: \_\_\_ Yes \_\_\_ No

On the scale below, rate the candidate's overall abilities as a professional Child Psychotherapist and Play Therapist or Play Therapy Associate.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Excellent    Very Good    Good    Fair    Poor

To the best of your knowledge, does the candidate have adequate knowledge of child development, child Psychotherapy and play therapy theory and techniques to be recommended without reservation:

Yes \_\_\_\_\_

No \_\_\_\_\_

If no, please explain:

Would you recommend the candidate as a therapist to others and their children?

Yes \_\_\_\_\_

No \_\_\_\_\_

If no, please explain.

Please describe the candidate's strengths as a Play Therapist:

Please describe the candidate's areas for growth as a Play Therapist:

Other comments:

Name of Supervisor: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your assistance!



## REFERENCES FROM COLLEAGUES Certified Play Therapist Application

This is a confidential reference. Please mail this to your colleague and advise him/her to return the completed form directly to you.

Name of Candidate: \_\_\_\_\_

Number of Years you have known the candidate's work: \_\_\_\_\_

Level of candidate's work with which you are familiar:  
(check one or more)

Post Graduate Professional Training \_\_\_\_\_

Where? \_\_\_\_\_

Undergraduate Program \_\_\_\_\_

Where? \_\_\_\_\_

Clinic/Agency \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Private Practice: \_\_\_\_\_

Co-therapy \_\_\_\_\_

On the scale below, rate the candidate's overall abilities as a professional Child Psychotherapist and Play Therapist or Play Therapy Associate.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Excellent    Very Good    Good    Fair    Poor

To the best of your knowledge, does the candidate have adequate knowledge of child development, child Psychotherapy and play therapy theory and techniques to be recommended without reservation:

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain:

Would you recommend the candidate as a therapist to others and their children?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain.

Please describe the candidate's strengths as a Play Therapist:

Please describe the candidate's areas for growth as a Play Therapist:

Other comments:

Your Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CLINICAL SUPERVISION TRACKING FORM CPT APPLICANTS

- a. Must participate in a minimum of 50 hours of clinical supervision specific to the practice of child psychotherapy/play therapy that is conducted by a certified CAPT supervisor (CPT-S).
- b. A minimum of 10 hours of the 50 hours need to be direct, one to one supervision by a CPT-S. That is the supervisee's clinical work is directly observed by the supervisor, either by one-way mirror, videotape, or co-counselling. Due to the Covid-19 pandemic, CAPT is aware that recording of sessions completed via an online platform may not be possible, this limitation may further impact a CPT-S ability to view the supervisee's work. CAPT will support applicants with their registration process by accepting that the applicant provide their CPT-S supervisor with an in-depth review of 10 sessions or a re-enactment of 10 sessions done through a secure on-line platform. The review would include all conversations, responses, and use of toys, the themes and therapeutic Play techniques used. The supervisor will record proof of these sessions and will submit a document stating the above being met and completed.
- c. Up to 20 hours of the 50 hours can be group supervision run by a CPT-S with the group being no larger than 6 people.
- d. A minimum of 10 hours of the 50 hours must be from the same CPT-S.
- e. Written verification of these hours is required recorded on the Clinical Supervision Tracking Form. These hours can only be accrued after the applicant has graduated with a Masters Degree.

**Name of Supervisee:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

