



## Credentialing Application British Columbia Registered Play Therapist (BCRPT)

### APPLICANT INFORMATION

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

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

\_\_\_\_\_

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

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

Which number do you wish to be publicly available? Please check ✓

HOME  CELL  BUSINESS

BCPTA Member: Yes  No

Registering Body: \_\_\_\_\_ Or College: \_\_\_\_\_

*Submit Copy of Certificate*

### VERIFICATION OF GRADUATE DEGREES AND CORE CONTENT COURSEWORK

Please attach a copy of your graduate transcript(s) issued by an institute of higher education. For certification as a BCRPT, you must have at minimum, a Master's degree in mental health or a Medical degree, including a supervised practicum. Your graduate or higher degree must be from an accredited institution.

Master's: Degree \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_

Doctorate: Degree \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_

On your transcript(s), please highlight the courses that satisfy the five (5) core areas noted below.

**Required Core Content Area:**

Child Development

Theories of Personality

Psychotherapy

Child & Adolescent Psychopathology

Ethics

**PLAY THERAPY TRAINING**

1. 180 CE hours of play therapy specific instruction from institutions of higher education or BCPTA-approved providers in the following areas (APT CEUs and CAPT Foundation Training CEUs accepted)
  - Play Therapy History
  - Play Therapy Theories
  - Play Therapy Techniques or Methods
  - Play Therapy Applications
  - Play Therapy Research

Workshop or Program Title	Sponsoring Organization (BCPTA, CAPT, JI, etc)	Number of Hours	Date(s)	APT or CAPT CEUs


2. The applicant is required to choose 2 workshops and write a reflection paper for each one (= 2 papers). *Please note that APA format is not required.*

**Reflection Paper Criteria:**

A 750-word document containing the following information

- Name of workshop, name of presenter and date of workshop
- A brief summary of the workshop content
- 3 things that the presenter explained that resonated with the participant
- How the participant intends to apply those 3 things in their own work in a clinical setting
- One thing that the presenter discussed that the participant disagreed with, had reservations about, or would only apply in limited circumstances. Please give details.

**CLINICAL PRACTICE HOURS (Total of 2000 hours)**

Supervised Clinical Practice (2000 hours)

- I. Must complete 2000 direct hours of supervised clinical practice
- II. No more than 1000 hours may be acquired prior to the completion of a Master’s or Medical degree
- III. Written verification of these hours must be provided by the supervisor(s)

**Supervised Clinical Practice**

Name of Organization	Job description	Dates of Employment or Practicum Placement	Name of Supervisor & Credentials	Supervised Clinical Practice Hours

*You may add another chart if needed*

Supervised Practice Specific to Play Therapy – Non Credentialed Supervisor (Up to 300 hours of the total 500 hours required)

- I. Must have completed at least 500 hours of supervised practice specific to play therapy. These must be direct client contact hours.
- II. These hours must be completed after the applicant has completed a Master’s degree or Medical degree
- III. Written verification of these hours must be provided by the supervisor(s)

**Supervised Practice Specific to Play Therapy**

Name of Organization	Job description	Dates of Employment or Practicum Placement	Name of Supervisor & Credentials	Supervised Clinical Practice Hours

**CLINICAL SUPERVISION SPECIFIC TO PLAY THERAPY (Minimum of 200 hours)**

- a. A minimum of 200 hours need to be supervised by a Play Therapy Credentialed Supervisor (BCRPT-S, RPT-S, CPT-S)
- b. These hours must be completed after the applicant has graduated with a Master’s or Medical degree
- c. Written verification of these hours must be provided by the supervisor(s)

Supervisor Name and Credentials	Dates of Supervision	Hours of Supervision	Individual or Group Format

*You may attach a longer chart to this document*

50 hours of direct play therapy specific supervision supervised by a Play Therapy Credentialed Supervisor (BCRPT-S, RPT-S, CPT-S).

A minimum of 50 hours of play therapy specific supervision:

- I. A minimum of 10 hours need to be direct supervision one on one (=direct observation or videotape) by a credentialed supervisor
- II. Up to 20 hours can be group supervision run by a credentialed supervisor with the group being no larger than 6
- III. A minimum of 10 hours of supervision must be by the same credentialed supervisor
- IV. Up to 30 hours of supervision can be provided by an un-credentialed supervisor

**Written verification of these hours must be provided by the supervisor(s) and recorded on the Clinical Supervision Record.** These hours can only be accrued after the applicant has graduated with a Master’s or Medical degree.

Supervisor Name and Credentials	Dates of Supervision	Hours of Supervision	Individual or Group Format

*You may attach a longer chart to this document*

**SUBMISSION OF ESSAY**

Submit a 750-1000 word essay (attached to this application) detailing how your theoretical orientation informs your approach in a specific case example. Please ensure client confidentiality. *Please note that APA style is not a requirement.*

**REFERENCES**

A maximum of 2 reference forms are required

- I. If the applicant had a single credentialed supervisor for all 50 supervision hours, only 1 reference form is needed
- II. If the applicant had more than one supervisor, a minimum of 1 reference form is needed from the credentialed supervisor

**The referee fills in the reference form and mails it in. Reference forms are not to be returned in the applicant’s package.**



## Clinical Supervision Record BCRPT Applicants - Form A British Columbia Registered Play Therapist (BCRPT)

For the 200 client hours (20 hours of supervision) supervised by a credentialed supervisor (BCRPT-S, RPT-S, CPT-S)

At least 10 of these supervision hours need to be 1:1

- A minimum of 10 hours of supervision must be by the same credentialed supervisor
- Up to 20 hours can group supervision run by the credentialed supervisor with the group being no larger than 6

You must submit Form A, Form B and Form C to meet all of the supervision requirements.

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

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

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

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

<b>Date Range</b>	Start of Supervision: _____ Completion of Supervision Hours: _____		
<b>Supervision Hours</b>	Total # of Individual Hours _____	Total # of Group Hours _____	Total # of Hours _____
<b>Verification by Supervisor</b>	Name of Supervisor _____	I hereby attest that all the information provided is true to the best of my knowledge:  Signature: _____ Date: _____	
<b>Date Range</b>	Start of Supervision: _____ Completion of Supervision Hours: _____		
<b>Supervision Hours</b>	Total # of Individual Hours _____	Total # of Group Hours _____	Total # of Hours _____
<b>Verification by Supervisor</b>	Name of Supervisor _____	I hereby attest that all the information provided is true to the best of my knowledge:  Signature: _____ Date: _____	



## Clinical Supervision Record BCRPT Applicants - Form B British Columbia Registered Play Therapist (BCRPT)

For the 300 client hours (30 hours of supervision) supervised by a  
credentialed or uncredentialed supervisor

You must submit Form A, Form B and Form C to meet all of the supervision requirements. If you  
have credentialed group supervision, the total hours cannot exceed 20.

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

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

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

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

<b>Date Range</b>	Start of Supervision: _____ Completion of Supervision Hours: _____		
<b>Supervision Hours</b>	Total # of Individual Hours _____	Total # of Group Hours _____	Total # of Hours _____
<b>Verification by Supervisor</b>	Name of Supervisor _____	I hereby attest that all the information provided is true to the best of my knowledge:  Signature: _____ Date: _____	
<b>Date Range</b>	Start of Supervision: _____ Completion of Supervision Hours: _____		
<b>Supervision Hours</b>	Total # of Individual Hours _____	Total # of Group Hours _____	Total # of Hours _____
<b>Verification by Supervisor</b>	Name of Supervisor _____	I hereby attest that all the information provided is true to the best of my knowledge:  Signature: _____ Date: _____	



<b>Date Range</b>	Start of Supervision: _____ Completion of Supervision Hours: _____		
<b>Supervision Hours</b>	Total # of Individual Hours _____	Total # of Group Hours _____	Total # of Hours _____
<b>Verification by Supervisor</b>	Name of Supervisor _____	I hereby attest that all the information provided is true to the best of my knowledge:  Signature: _____ Date: _____	



**Clinical Supervision Record BCRPT Applicants - Form C**  
**British Columbia Registered Play Therapist (BCRPT)**

For the 1500 client hours of general clinical practice (150 hours of supervision)

You must submit Form A, Form B and Form C to meet all of the supervision requirements.

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

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

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

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

<b>Date Range</b>	Start of Supervision: _____ Completion of Supervision Hours: _____		
<b>Supervision Hours</b>	Total # of Individual Hours _____	Total # of Group Hours _____	Total # of Hours _____
<b>Verification by Supervisor</b>	Name of Supervisor _____	I hereby attest that all the information provided is true to the best of my knowledge:  Signature: _____ Date: _____	
<b>Date Range</b>	Start of Supervision: _____ Completion of Supervision Hours: _____		
<b>Supervision Hours</b>	Total # of Individual Hours _____	Total # of Group Hours _____	Total # of Hours _____
<b>Verification by Supervisor</b>	Name of Supervisor _____	I hereby attest that all the information provided is true to the best of my knowledge:  Signature: _____ Date: _____	

<b>Date Range</b>	Start of Supervision: _____ Completion of Supervision Hours: _____		
<b>Supervision Hours</b>	Total # of Individual Hours _____	Total # of Group Hours _____	Total # of Hours _____
<b>Verification by Supervisor</b>	Name of Supervisor _____	I hereby attest that all the information provided is true to the best of my knowledge:  Signature: _____ Date: _____	
<b>Date Range</b>	Start of Supervision: _____ Completion of Supervision Hours: _____		
<b>Supervision Hours</b>	Total # of Individual Hours _____	Total # of Group Hours _____	Total # of Hours _____
<b>Verification by Supervisor</b>	Name of Supervisor _____	I hereby attest that all the information provided is true to the best of my knowledge:  Signature: _____ Date: _____	
<b>Date Range</b>	Start of Supervision: _____ Completion of Supervision Hours: _____		
<b>Supervision Hours</b>	Total # of Individual Hours _____	Total # of Group Hours _____	Total # of Hours _____
<b>Verification by Supervisor</b>	Name of Supervisor _____	I hereby attest that all the information provided is true to the best of my knowledge:  Signature: _____ Date: _____	



## References from BCRPT, RPT, CPT Supervisor British Columbia Registered Play Therapist (BCRPT)

This is a confidential reference. Please give this to your supervisor and advise him/her to return the completed form directly to:

BC Play Therapy Association  
PO Box 19009 4<sup>th</sup> Ave Post Office  
Vancouver, BC  
V6K 4R8

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

Number of years you have known the Candidate's work: \_\_\_\_\_

Hours of direct clinical supervision provided by you:

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

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

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

Any BCRPT, RPT, CPT supervisor 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 Play Therapist

Excellent  Very Good  Good  Fair  Poor

To the best of your knowledge, does the candidate have adequate knowledge of child development 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!



## **Credentialing Application British Columbia Registered Play Therapist (BCRPT)**

The membership category of British Columbia Registered Play Therapist is a specialized category of membership (professional) in the British Columbia Play Therapy Association (BCPTA)

Please do not submit originals as all materials will be shredded once the application has been processed. Make a copy of the completed application for your records. You may attach additional pages if more space is required but please send only materials requested with the application.

Upon approval of this application, a certificate will be provided by the British Columbia Play Therapy Association.

The non-refundable certification application fee of \$150 Canadian dollars, covers the cost of processing the application, and if approved, the cost of issuing a certificate.



## **Application Checklist British Columbia Registered Play Therapist (BCRPT)**

Please follow this checklist to ensure that you have completed all pages of the application package. Submit the package to BCPTA, Attention the Certification Committee, PO Box 19009 4<sup>th</sup> Avenue Post Office, Vancouver V6K 4R8. Please note only applications that are complete will be reviewed.

1. Completed application \_\_\_\_\_
2. **Two** reflection papers \_\_\_\_\_
3. 750-1000 word essay \_\_\_\_\_
4. Proof of a Master's or higher mental health degree or Medical Degree \_\_\_\_\_
5. Official transcripts \_\_\_\_\_
6. Record of clinical supervision Form A \_\_\_\_\_
7. Record of clinical supervision Form B \_\_\_\_\_
8. Record of clinical supervision Form C \_\_\_\_\_
9. References in sealed envelope(s) sent in by supervisor(s) \_\_\_\_\_
10. Application fee cheque for \$150 made payable to BCPTA \_\_\_\_\_

(Please email [certification@bcplaytherapy.ca](mailto:certification@bcplaytherapy.ca) if you'd prefer to have a Paypal invoice emailed to you)