

Application for Approved Provider Status with the BCPTA

The BCPTA is pleased to accept applications for individuals wishing to become approved continuing education providers. Holding the title of BCPTA Approved Provider lets potential participants know that the provider adheres to a comprehensive set of guidelines that aim to ensure the delivery of high-quality training and education for play therapists and those training in play therapy worldwide.

Becoming a BCPTA Approved Provider requires the responsibility to provide high quality professional educational opportunities to those who support children, youth, and families. To become a BCPTA Approved Provider, you must abide by all of the guidelines set out in this application form. BCPTA has the right to decline any submission or to revoke BCPTA Approved Provider status if it is discovered that the applicant is no longer abiding by BCPTA Approved Provider guidelines.

Upon successful approval of this application, the BCPTA Approved Provider will hold their status for 2 years so long as they continue to abide by the guidelines.

| Please state if this is a | New Application | Renewal |
|---------------------------|-----------------|--------------|
| Name of Applicant: | | |
| Address: | | |
| | | State: |
| Country: | Postal Co | de/Zip Code: |
| Telephone: | | |
| Email: | | |
| Contact Person: | | |
| | | |

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The following is a checklist of the guidelines that BCPTA Approved Providers are expected to follow to maintain their status with the BCPTA. Please check each box to acknowledge that you have read and agree to each item in the checklist.

| General information to be submitted for each training/workshop | | | | |
|---|--|--|--|--|
| □ Title of the training/workshop | | | | |
| \Box Course instructor's name and credentials (instructor must have at least a Masters | | | | |
| or be approved by the BCPTA Education Committee) | | | | |
| Course instructor's CV | | | | |
| Learning objectives and summary of the course (trainings must be taught at a Masters level or higher level of instruction) | | | | |
| Number of continuing educational credit hours provided and whether the credit hours are Contact or Non-Contact | | | | |
| Date and location of training | | | | |
| Copy of all advertising | | | | |
| \square Presenter's sources from the past 5 years that the training material is based on | | | | |
| Copy of Continuing Education Certificate of Attendance provided to attendees | | | | |
| | | | | |
| For online workshops | | | | |
| Participants of the workshop must have their camera on at all times and that attendance is checked at least twice throughout each day of the training | | | | |
| Provider will submit a multiple-choice test for the participants of online | | | | |

workshops (6 test questions per hour of content up to a maximum of 48 questions).

Questions must be held to a standard of post-secondary testing such as having

mostly multiple-choice questions that would be difficult to answer if the participant

only had access to the handouts from the workshop)

ADVERTISING BROCHURE/FLYER MUST CONTAIN:

| □ Training/workshop title | | | | |
|---|--|--|--|--|
| Sponsor (if applicable) | | | | |
| Date of training/workshop | | | | |
| Number of continuing education credit hours (one credit hour = 1 hour of direct training; breaks are excluded) | | | | |
| □ If the continuing education hours will be Contact or Non-Contact | | | | |
| Contact hours refer to hours of in-person play therapy training such as at a workshop or conference or a live webinar that requires your video on for the duration of the training and a post-test component. | | | | |
| Non-contact hours are hours of pre-recorded online training that must have a post-test component. | | | | |
| Summary of workshop/training | | | | |
| \Box Learning objectives (1 per continuing education hour up to a maximum of 6) | | | | |
| Program schedule, including start times, end times, and breaks | | | | |
| \Box Venue name and location (address including city and province/state) | | | | |

- □ Cancellation and refund policy
- Program presenter, including name, highest mental health degree and primary mental health credentials (minimum Masters degree)
- Information that a Continuing Education Certificate of Attendance will be provided based on attendance (and successful completion of a post-test (75% or higher) for online workshops)
- BCPTA Approved Provider number beside the BCPTA logo

CONTINUING EDUCATION CERTIFICATE OF ATTENDANCE MUST INCLUDE:

- □ Attendee's name
- □ Training/workshop title
- Sponsor (if applicable)
- Date of training/workshop
- □ Number of continuing education credit hours
- □ Whether the continuing education hours were Contact or Non-Contact
- □ Venue name and location (address including city and province/state)
- Presenter's name, highest mental health degree and primary mental health credentials (minimum Masters degree)
- Signature of the presenter or sponsoring organization that the attendee attended for the full number of hours (and successful completion of a post-test (75% or higher) for online workshops)
- That the continuing education hours can be used toward registration as a British Columbia Registered Play Therapists (BCRPT)
- BCPTA Approved Provider number beside the BCPTA logo

RECORDS MAINTENANCE - BCPTA may request a copy of your records at any time

BCPTA requires that BCPTA Approved Providers retain the following records for at least 5 years:

- □ Training/workshop titles, learning objectives, and summary of training
- Program presenter's name, highest mental health degrees, and primary mental health credentials
- □ Program date, venue name and location

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Number of continuing education hours earned by attendees and whether they were Contact or Non-Contact

| | Copy of | f certificate | provided | to | attendees | s |
|--|---------|---------------|----------|----|-----------|---|
|--|---------|---------------|----------|----|-----------|---|

- A list of program attendees who earned certificates
- All program evaluation materials (post-tests and/or evaluations)
- □ All marketing materials

BCPTA APPROVED PROVIDERS AGREE TO THE FOLLOWING

| \Box Their program content will be child and family/play therapy specific, e.g., Child |
|---|
| and family/play therapy history, theory, techniques, or applications. |
| The words child and family/play therapy will be prominently displayed throughout the summary description and in the program learning objectives. |
| □ The words child, family, and/or play therapy will be displayed in the program title. |
| \Box To observe all intellectual property rights of third parties when presenting content |
| and in written material. |
| \Box To adhere to a Code of Ethics from their appropriate professional regulatory body. |
| \Box To establish and observe policies regarding program cancellations, whole or partial |
| registration fee refunds, and resolution of attendee complaints. |
| \Box To have a system in place for attendees to render program evaluative comments |

and suggestions to presenter and the BCPTA Approved Provider.

INCLUSION AND ANTI-RACISM POLICY

The British Columbia Play Therapy Association is committed to diversity and inclusion. We honour the diversity of the province of British Columbia and acknowledge that our members, board and committee members, are housed on the unceded, ancestral, and traditional territories of numerous nations. We are working towards adhering to our anti-racism and

inclusion commitment and decolonizing our organization, as we acknowledge the harms inflicted on First Peoples as the result of colonization and the systemic policies that continue to negatively impact the children and families we aim to serve.

As part of our anti-racism and inclusion commitment, we aim to ensure that BCPTA approved continuing education providers are familiar with the history of racism and colonization of the lands that they will be presenting on and are open to feedback should any of their content be harmful to participants.

We ask that each applicant offer the committee 3-5 sentences outlining their plan to ensure cultural safety within their presentation and openness to feedback should the need arise.

Applicant's Signature

Date