

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 being responsible for providing 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.

In order to qualify as a BCPTA Approved Provider, the applicant should hold one of the following credentials: BCRPT, BCRPT-S, CPT, CPT-S, RPT, RPT-S. Applicants with credentials other than those stated will be reviewed at on an individual basis.

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. The fee for this 2-year term is \$150CAD and you will be billed upon being approved as a BCPTA Approved Provider or upon submitting renewal documents (every 2 years).

Please follow this application to ensure that you have completed all pages of the application package. Submit the package to <u>info@bcplaytherapy.ca</u>. Please note only applications that are complete will be reviewed.

	Please state if this is a	New Application	Renewal
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Name of Applicant:

Credential held: ______ (Submit certificate and document showing expiry date)

Address:	
City:	Province/State:
Country:	_Postal Code/Zip Code:
Telephone:	
Email:	
Contact Person:	
List any continuing education provider of	approvals you maintain (i.e. CAPT, APT, APA, NBCC,
NASW, AAMFT, BCPTA etc.). Include the	e name of board or association, approval period, and

provider identification. number.

FOR NEW APPLICANTS ONLY For those who do not hold the credentials of BCRPT, BCRPT-S, CPT, CPT-S, RPT, or RPT-S

Please tell us why we should consider your application. Tell us about your experience as a presenter, teacher, or any other relevant experience.

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 to info@bcplaytherapy.ca prior to each training/workshop for approval by the BCPTA Credentialing Committee. This pre- approval will only be required in your first 2-year term as a BCPTA Approved Provider.
□ Title of the training/workshop
\Box Course instructor's name and credentials (instructor must have at least the
credentials of BCRPT, CPT, RPT, or be approved by the BCPTA Education Committee)
Course instructor's curriculum vitae/resume
Learning objectives and summary of the course (trainings must be taught at a master's level or higher level of instruction)
Number of continuing education credit hours provided and whether the credit hours are Contact or Non-Contact
\Box Date(s) 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 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
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- □ Sponsor (if applicable)
- Date(s) 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

- Learning objectives (1 per continuing education hour up to a maximum of 6)
- Program schedule, including start times, end times, and breaks
- □ 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 master's 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(s) of training/workshop
Number of continuing education credit hours
Whether the continuing education hours were Contact or Non-Contact
\Box Venue name and location (address including city and province/state)
\Box Presenter's name, highest mental health degree and primary mental health
credentials (minimum Masters degree)
\square Signature of the presenter or sponsoring organization confirming that the
attendee attended for the full number of hours (and successful completion of a
post-test (75% or higher) for online workshops)
\square 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 - Please note that you may be audited at any time by the BCPTA for the purpose of verifying the maintenance of records and adherence to our requirements.

BCPTA requires that BCPTA Approved Providers retain the following records for at least 5	years:
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Training	g/workshop titles	s, learning objectives	, and summary	of training
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- Program presenter's name, highest mental health degrees, and primary mental health credentials
- □ Program date, venue name and location

Number of continuing education hours earned by attendees and whether they were Contact or Non-Contact	
Copy of certificate provided to attendees	
□ 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	
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 througho the summary description and in the program learning objectives.	ut
\Box The words child, family, and/or play therapy will be displayed in the program tit	e.
To observe all intellectual property rights of third parties when presenting content and in written material.	
\square To adhere to a Code of Ethics from their appropriate professional regulatory bod	y.
\square To establish and observe policies regarding program cancellations, whole or	
partial registration fee refunds, and resolution of attendee complaints.	
\square 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 3-5 sentences outlining their plan to ensure cultural safety within their presentation and openness to feedback should the need arise.

By signing below, I am acknowledging that everything I have agreed to and written is, to the best of my knowledge, correct. Should anything I have agreed to or written change, I agree to contact BCPTA.

Applicant's Signature

Checklist: What to include with the application

- BCPTA Approved Provider Application
- □ Certificate of credential including expiry date
- □ Copy of your current curriculum vitae/resume

If you are already an approved provider with another organization:

Proof of current approved provider status with either the Association for Play Therapy or the Canadian Association for Play Therapy

OR

□ Proof of payment for current approved provider status with proof of expiry date