



## **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 [credentialing@bcplaytherapy.ca](mailto:credentialing@bcplaytherapy.ca). Please note only applications that are complete will be reviewed.

1. Completed application \_\_\_\_\_
2. Proof of current membership in a college or registering body \_\_\_\_\_
3. Official transcripts from a master's or higher mental health or medical degree \_\_\_\_\_
4. Photocopies of CE certificates \_\_\_\_\_
5. 750-1000 word reflection paper from a workshop \_\_\_\_\_
6. 750-1000 word Personal Statement \_\_\_\_\_
7. Signed Record of Clinical Supervision of General Practice- Form A \_\_\_\_\_
8. Signed Record of Play Therapy Clinical Supervision-Form B \_\_\_\_\_
9. References sent in directly by supervisor(s) \_\_\_\_\_
10. Application fee of \$150 paid through online invoice that will be sent to you once your application is received \_\_\_\_\_



## Application for Registration British Columbia Registered Play Therapist (BCRPT)

### APPLICANT INFORMATION

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

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

Primary telephone number: \_\_\_\_\_

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

BCPTA Member: Yes  No

Registering Body (e.g. College of Social Workers/Psychologists, BCACC, CCPA, etc.):  
\_\_\_\_\_

*Submit Copy of current registering body certificate with your application. A registering body will be considered if it has a code of ethics and a complaint/disciplinary process.*

### VERIFICATION OF GRADUATE DEGREES AND CORE CONTENT COURSEWORK

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 \_\_\_\_\_

Doctoral: Degree \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_

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

#### Required Core Content Areas:

1. *Child Development*
2. *Theories of Personality: Understanding of Personality Development*
3. *Principles of Psychotherapy*
4. *Child & Adolescent Psychopathology/Abnormal Child Psychology*
5. *Ethics (include the ethics of working with children and families)*
6. *Cultural and Social Diversity (or 12 CEs of Cultural and Social Diversity play therapy specific instruction – these credits can be counted as part of the 180 CE credits needed for registration)*

**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 CEs and CAPT Foundation Training CEs accepted)
  - Play Therapy History: **minimum 3 hours needed**
  - Play Therapy Applications - Special Populations (i.e. families, anxiety, trauma): **minimum 18 hours needed**
  - Social and Cultural Diversity: **minimum 6 hours needed** \*above and beyond the 12 CEs that may have been acquired to fulfill the Cultural and Social Diversity requirement in the core content coursework section\*  
 \*\*\*The remaining 153 CE hours need to include the following areas (no minimum)
    - Play Therapy Theories and Research
    - Play Therapy Techniques or Methods

\*Please note: a **maximum of 50 non-contact hours (pre-recorded online)** will be accepted

**\*\*Submit photocopies of CE certificates with your application.**

**\*BCPTA approved providers - CEs provided by BCPTA, APT or CAPT approved providers. CEs provided by other institutes or presenters will be considered upon submission of the course description on an individual basis. In order for a course to be considered it must contain one or more of the following in the description: play therapy, expressive arts therapy, creative arts therapy, sand tray therapy, or sand play therapy.**

Workshop or Program Title <i>-Indicate Play Therapy content area after the title: H=History, SP=Special Populations, Th=Theories, T/M= Techniques or Methods, SCD=Social &amp; Cultural Diversity</i>	Sponsoring Organization (BCPTA, CAPT, JIBC)	Number of Hours. Indicate <b>C</b> =contact <b>NC</b> =non-contact (pre-recorded online)	Date(s) Course Taken	*Indicate <b>BCPTA, APT or CAPT</b> CEs
				<i>Total hours this page=</i> _____

<b>Workshop or Program Title</b> <i>-Indicate Play Therapy content area after the title:                      H=History, SP=Special Populations, Th=Theories, T/M=Techniques or Methods, ,                      SCD=Social &amp; Cultural Diversity</i>	<b>Sponsoring Organization</b> (BCPTA, CAPT, JI...)	<b>Number of Hours.</b> Indicate <b>C</b> =contact <b>NC</b> =non-contact (pre-recorded online)	<b>Date(s)</b> Course Taken	*Indicate <b>BCPTA, APT or CAPT</b> CEs
				<i>Total hours this page</i> = _____  <i>Total hours from both pages</i> = _____

2. The applicant is required to choose **one workshop** and write a reflection paper for it. *Please note that APA format is not required.*

**Reflection Paper Criteria:**

A 750-1000 word document containing the following information:

- Name and date of the workshop and name of the presenter.
- 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.

*\*Please note that the applicant may provide this information in another agreed-upon format if written output is a barrier. Please contact [credentialing@bcplaytherapy.ca](mailto:credentialing@bcplaytherapy.ca) for details.*

## SUBMISSION OF PERSONAL STATEMENT

Submit a 750-1000 word personal statement (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 format is not a requirement.*

## REFERENCES

A maximum of 2 reference forms may be required

- I. If the applicant had a single credentialed supervisor (BCRPT-S, RPT-S, CPT-S) for all 50 play therapy supervision hours, only 1 reference form is needed.
- II. If the applicant had more than one supervisor, 2 reference forms are needed.

**Reference forms are sent directly by the supervisor(s) to [credentialing@bcplaytherapy.ca](mailto:credentialing@bcplaytherapy.ca).**

**Reference forms are not to be sent in the applicant's package.**

## SUPERVISION

- I. You 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 (i.e. during practicum/internship)
- III. **At least 500 of these hours must be supervised practice specific to play therapy** completed post-master's or medical degree. These must be direct client contact hours. ***Use Form B to record play therapy hours.***





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

For the Total 500 client hours (50 hours of supervision) of play therapy

- A minimum of 200 client hours (20 hours of supervision) **must** be supervised by a credentialed play therapy supervisor (BCRPT-S, RPT-S, CPT-S) with the following stipulations:
  - A minimum of 10 hours needs to be direct one on one supervision (direct observation or videotape) by the same credentialed supervisor.
  - Up to 20 hours (of the 50 hours) can be group supervision run by a credentialed supervisor with the group being no larger than 6.
- The remaining 300 client hours (30 hours of supervision) may be supervised by an uncredentialed supervisor (a clinician in a supervisory role who has a master's or doctoral degree in counselling psychology or a medical degree)

Name of BCRPT Applicant: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please indicate if supervisor is: Credentialed (BCRPT-S, RPT-S, CPT-S). yes **D** no **D**

**Your supervisor must sign the bottom of each page submitted. Please use a separate form for each supervisor.**

Date Range of Supervision	# of Play Therapy Hours	# of Hours of Individual Play Therapy Supervision	# of Hours of Group Play Therapy Supervision (Group size < 6)
	<i>Total hours: _____</i>	<i>Total hours: _____</i>	<i>Total hours: _____</i>
I hereby attest that all the information provided is true to the best of my knowledge:			
Signature: _____			
Date: _____			



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

This is a confidential reference. Please give this to your supervisor and advise them to return the completed form directly to [credentialing@bcplaytherapy.ca](mailto:credentialing@bcplaytherapy.ca)

Name of BCRPT 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 supervisee's clinical work during this time frame. This can be done 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 using play therapy in their work

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 in using play therapy in their work:

Please describe the candidate's areas for growth in using play therapy in their work:

Other comments:

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

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

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

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

*Thank you for your assistance!*



## **Application for Registration 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 make a copy of the completed application for your records as the BCPTA may not keep all your documents on record. 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 BCPTA.

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.

Renewal criteria (3-year cycle):

- You must continue to be a Professional member-in-good-standing of BCPTA (pay the BCRPT membership fee annually and the \$75 renewal fee paid once every three years).
- 24 CE hours of play therapy training are required every 3-year cycle at the time membership fees are due. A tracking form for these renewal hours can be found on the website and is to be used at the time of renewal. Please see the tracking form for specifics on CEs required.