



## **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 Credentialing 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. **One** reflection paper \_\_\_\_\_
3. 750-1000 word Personal Statement \_\_\_\_\_
4. Proof of a Master's or higher mental health degree or Medical degree \_\_\_\_\_
5. Proof of current membership in a college or registering body \_\_\_\_\_
6. Photocopies of CE certificates \_\_\_\_\_
7. Official transcripts \_\_\_\_\_
8. Signed Record of Clinical Supervision of General Practice- Form A \_\_\_\_\_
9. Signed Record of Play Therapy Clinical Supervision-Form B \_\_\_\_\_
10. References in sealed envelope(s) sent in by Supervisor(s) \_\_\_\_\_
11. Application fee cheque for \$150 made payable to BCPTA \_\_\_\_\_  
(Please email [credentialing@bcplaytherapy.ca](mailto:credentialing@bcplaytherapy.ca) if you'd prefer to have an electronic invoice emailed to you)



## 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*

### VERIFICATION OF GRADUATE DEGREES AND CORE CONTENT COURSEWORK

Attach a copy of your graduate transcript(s) issued by an institute of higher education. For BCRPT credentialing, 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)*

**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**  
*\*\*\*The remaining 159 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 (=online)** will be accepted

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

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</i>	Sponsoring Organization (BCPTA, CAPT, JI...)	Number of Hours. Indicate C=contact NC=non-contact hrs (online)	Date(s) Course Taken	*Indicate APT or CAPT CEUs
				<i>Total hrs 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</i>	<b>Sponsoring Organization</b> (BCPTA, CAPT, JI...)	<b>Number of Hours.</b> Indicate <b>C</b> =contact <b>NC</b> =non-contact hrs (online)	<b>Date(s)</b> <b>Course Taken</b>	<b>*Indicate APT or CAPT CEUs</b>
				<i>Total hrs this page</i> = _____  <i>Total hrs 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-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 are 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, 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)

Form A records the 1500 client hours of general clinical practice (150 hours of supervision) supervised by an un-credentialed or credentialed (RPT-S, CPT-S, BCRPT-S) Supervisor

*\* For Play Therapy Credentialing Purposes, an Un-credentialed Supervisor is a Clinician in a Supervisory capacity who has a Master’s degree or Doctoral degree in Counselling Psychology (or a Medical degree) and is not a Registered Play Therapy Supervisor*

Please note:

- 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.**

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 General Clinical Practice Hours <i>Indicate post master’s hrs with a ✓</i>	# of Hours of Individual Supervision	# of Hours of Group Supervision (Group size < 6)
			<i>Total hrs:</i> _____

I hereby attest that all the information provided is true to the best of my knowledge:

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

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



## 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:
  - 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 be group supervision 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 hrs:</i> _____	<i>Total hrs:</i> _____	<i>Total hrs:</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 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**  
[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 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 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 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 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 registration 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 (\$75.00 annual membership including renewal fee due June 1<sup>st</sup> every year)
- 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 hours follows-please do not submit this form with your application.



## BCRPT CE Tracking Form

### British Columbia Registered Play Therapist (BCRPT)

Year BCRPT registration obtained \_\_\_\_\_

24 CE hours of training are due in 3 years = \_\_\_\_\_

Proof of the CEs are due in June at membership renewal time.

*Please keep your certificates.*

Workshop or Program Title	Sponsoring Organization (BCPTA, CAPT, JIBC)	Number of Hours. Indicate <b>C</b> =contact <b>NC</b> =non-contact hrs (online)	Date(s) course(s) taken	*Indicate <b>BCPTA</b> , <b>APT</b> or <b>CAPT</b> CEUs
				<i>Total hrs =</i> _____