



Application Checklist

British Columbia Registered Play Therapist Supervisor (BCRPT-S)

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 4th Avenue Post Office, Vancouver, BC, V6K 4R8.

Please note only applications that are complete will be reviewed.

1. Completed application _____
2. 750-1000 word Personal Statement _____
3. Proof of current membership in a college or registering body _____
4. Photocopies of CE certificates for Supervisor Training _____
5. Photocopy of certificate of Play Therapy Credential (BCRPT, CPT, RPT) _____
6. Signed Record of clinical experience Form A _____
7. Signed Record of clinical Supervision of Supervision Form B _____
8. Reference(s) in sealed envelope(s) sent in by Supervisor(s) of Supervision _____
9. 2 References in sealed envelopes sent in by 2 supervisees _____
10. Application fee cheque for \$175 made payable to BCPTA _____
(Please email credentialing@bcplaytherapy.ca if you'd prefer to have a Stripe invoice emailed to you.)



Application for Registration British Columbia Registered Play Therapist Supervisor (BCRPT-S)

APPLICANT INFORMATION

Name: _____

Address: _____

Primary Phone Number: _____

Email: _____

Current Play Therapy Registration: BCRPT CPT RPT Other: _____

Registration number(s): _____

Submit a copy of your Play Therapy Registration certificate(s) with this application

BCPTA Member: Yes No

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

Submit a copy of current Registering Body Certificate with your application

VERIFICATION OF GRADUATE DEGREE

Attach a copy of your graduate transcript(s) issued by an institute of higher education. For registration as a BCRPT-S, 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.

If you are a BCRPT, you do not need to send in a transcript as it has already been verified.

Master's Degree _____ Institution _____ Year _____

Doctoral Degree _____ Institution _____ Year _____

PLAY THERAPY SUPERVISOR TRAINING

A minimum of **12 CE hours** of **supervisor training** from institutions of higher education or *BCPTA-approved providers are required.

- a. This training relates to the general practice of providing effective/ethical clinical supervision
- b. A minimum of **2** of these **supervisor training hours** must be on the provision of **Play Therapy-specific supervision**

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

| Supervision Workshop Title <i>*Indicate if course is Play Therapy-specific (PTS)</i> | Sponsoring Organization (for example, BCPTA, CAPT, Rocky Mountain) | Number of Hours | Date(s) course taken | *Indicate BCPTA, APT, CAPT or other CEUs |
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| | | | | <i>Total # hrs</i> |

***BCPTA APPROVED PROVIDER**

CEs provided by 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.

CLINICAL PRACTICE HOURS (Total of 2000 hours after obtaining Play Therapy Registration)

Clinical experience after Play Therapy Registration (2000 hours)

- I. Must complete an additional 2000 direct hours of clinical practice after obtaining the BCRPT or equivalent Play Therapy registration, including experience providing supervision
- II. Of the 2000 hours, 300 hours need to be the provision of play therapy

Written verification of these hours must be provided by supervisor(s) using **Form A**. The supervisor verifying your hours must be a Master's or Doctoral level clinician and may be uncredentialed or a credentialed (BCRPT-S, RPT-S, CPT-S) Play Therapy supervisor.

PROVISION OF SUPERVISION - 40 HOURS

- 40 hours of Play Therapy supervision need to be provided to two or more supervisees
- Reference forms will need to be completed by 2 supervisees and mailed in

| Supervisee's Initials | Location/Organization | Date Range | # of Hours of Supervision Provided |
|-----------------------|-----------------------|------------|------------------------------------|
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Total hrs= _____

Total hours = Clinical experience + Supervision provided = _____ hours

SUPERVISION OF SUPERVISION - 8 HOURS

- Applicants need to have received **8 hours** of direct supervision of supervision (in session or videotapes) by a **Credentialed Supervisor (BCRPT-S, RPT-S, CPT-S)**
- This supervision may include a combination of individual or group supervision. Supervision may be in person or online.
- Written verification of these hours must be provided by supervisor(s) using **Form B**

SUBMISSION OF PERSONAL STATEMENT

Submit a 750-1000 word personal statement detailing how your **supervision model** informs your approach to supervision in a specific case example. Please ensure supervisee and client confidentiality. *Please note that APA format is not a requirement.*

REFERENCES

3 reference forms are required:

- I. One reference form from the credentialed supervisor who provided the 8 hours of Supervision of Supervision
- II. Two Supervisee reference forms: one each from **two** of the applicant's supervisees

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



Clinical Experience Record BCRPT-S Applicants - Form A British Columbia Registered Play Therapist Supervisor (BCRPT-S)

For the 2000 client hours of clinical experience after Play Therapy Registration supervised by a credentialed (BCRPT-S, RPT-S, CPT-S) or un-credentialed supervisor

- 300 hours need to be the provision of Play Therapy
- * *You must submit signed copies of Form A and Form B to meet all of the clinical supervision and supervision of supervision requirements.*

Name of BCRPT-S Applicant: _____

Email: _____ Phone: _____

Name of Supervisor: _____ Credentials: _____

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

| Location/Organization | Date Range | Hours of general clinical practice | Hours of play therapy |
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| | | | Total hrs: _____ |

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

Signature: _____

Date: _____



Clinical Supervision of Supervision Record BCRPT-S Applicants - Form B British Columbia Registered Play Therapist Supervisor (BCRPT-S)

For the 8 hours of supervision of supervision supervised by a credentialed supervisor

- Applicants need to have received 8 hours of direct supervision of supervision (in session or videotapes) by a Credentialed Supervisor (BCRPT-S, RPT-S, CPT-S)
- This supervision may include a combination of individual or group (2-10 participants) supervision. Supervision may be in person or online.
- * *You must submit signed copies of Form A and Form B to meet all of the supervision requirements*

Name of BCRPT-S Applicant: _____

Email: _____ Phone: _____

Name of Supervisor: _____

Play Therapy Supervisor Credential and Registration Number: _____

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

| Date of Supervision of Supervision | Individual (I) or Group (G)? | If group, indicate group size | Time in Supervision (hours) |
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| | | | Total hrs: _____ |
| I hereby attest that all the information provided is true to the best of my knowledge: Signature: _____ Date: _____ | | | |

Please make additional copies of this form as needed



**Reference from Credentialed (BCRPT-S, RPT-S, CPT-S) Supervisor
Providing Supervision of Supervision
British Columbia Registered Play Therapist Supervisor (BCRPT-S)**

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

BC Play Therapy Association
PO Box 19009 4th Ave Post Office
Vancouver, BC
V6K 4R8
credentialing@bcplaytherapy.ca

Name of Candidate: _____

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

Hours of direct clinical supervision of supervision provided by you:

Individual: _____ Group: _____ (# in group): _____

On the scale below, rate the candidate's overall abilities as a Play Therapist Supervisor:

Excellent Very Good Good Fair Poor

Would you recommend the candidate as a Play Therapy Supervisor to other play therapists?

Yes No If no, please explain:

Please describe the candidate's strengths as a Play Therapy Supervisor:

Please describe the candidate's areas for growth as a Play Therapy Supervisor:

Other comments:

How long have you functioned in a Supervisory (Play Therapy Supervisor) capacity? _____

Name of supervisor: _____

(please print)

Address: _____

Telephone: () _____

Email: _____

Signature: _____

Date: _____

Thank you for your assistance!



References from Supervisees British Columbia Registered Play Therapist Supervisor (BCRPT-S)

This is a confidential reference. Please give this form to **two** of your supervisees and advise them to return their completed form directly to:

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

credentialing@bcplaytherapy.ca

Name of BCRPT-S Candidate: _____

Number of years you have been supervised by the Candidate: _____

Hours of direct clinical supervision provided to you:

Individual: _____ Group: _____ (# in group): _____

On the scale below, rate the candidate's overall abilities as a Play Therapist Supervisor:

Excellent Very Good Good Fair Poor

Would you recommend the candidate as a Play Therapy Supervisor to other play therapists?

Yes No If no, please explain:

Please describe the candidate's strengths as a Play Therapy Supervisor:

Please describe the candidate's areas for growth as a Play Therapy Supervisor:

Other comments:

Supervisee's reason for seeking supervision:

Are you aiming for the BCRPT credential? _____

Seeking consultation in the field of play therapy? _____

Your name: _____
(please print)

Address: _____

Telephone: () _____ Email: _____

Signature: _____ Date: _____

Thank you for your assistance!



Application for Registration British Columbia Registered Play Therapist Supervisor (BCRPT-S)

The membership category of British Columbia Registered Play Therapist Supervisor is a specialized category of membership (Supervisor) 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 \$175 Canadian dollars covers the cost of processing the application, and if approved, the cost of issuing a certificate.

Renewal criteria:

- Applicants must maintain their annual membership in good standing with BCPTA, pay the annual BCRPT-S membership fee and the \$150 renewal fee paid once every three years. Additionally, applicants must:
- **Every three years**
 - Show proof of attending or instructing
 - 24 CEs of play therapy training from a *BCPTA approved provider **and**
 - 6 CEs of supervisor training as a learner or instructor
 - 2 CEs in social and cultural diversity specific to play therapy as a learner or instructor need to be included.
 - These courses may be in person or live webinar (contact) with no more than 8 CEs being pre-recorded online (non- contact).
 - Proof of the CEs is due at the time of membership renewal.
 - A tracking form for these renewal hours can be found on the website and is to be used at the time of renewal.