**CE APPROVAL GUIDE & CHECKLIST**  
(as of December 2020)



Name:

Date Application Received:



Date of Workshop requesting CEs:

Co-Presenter(s):

**Resume**

Presenter has a Master’s degree or higher mental health degree (*Required*)

Presenter is RPT or RPT/S (*Preferred*)

**OR**

Presenter is licensed in their state / Adherence to a Code of Ethics (*Required*)

Resume indicates play therapy experience (*Required:* *knowledgeable & familiar*)

Resume indicates presenter has special expertise & experience in the field/topic

Presenter demonstrates multicultural competency when applicable (*Preferred*)

**Application** (Includes overview abstract learning objectives references presenter vitae references/citations/research post-test)

States date & location of the workshop

States the number of contact hours

“Play Therapy” is displayed in the program title (*Preferred)*

“Play Therapy” is displayed throughout the program content description and reflects a direct connection to the learning objectives listed (*Required*)

“Play Therapy” is predominantly displayed in the majority of the program learning objectives and learning objectives are written in behavioral terms (*Required – Review APA Writing Behavioral Learning Objectives*)

“Enhances multicultural competency” is displayed in program content description and/or learning objectives when applicable (*Required)*

**The program demonstrates evidence of:**  
 a systematic use of a therapeutic model

establishment of an interpersonal process using the therapeutic powers of play

intent to prevent or resolve psychosocial difficulties and/or achieve optimal growth and development

**OR**

content that enhances the specific professional proficiency of mental health practitioners who are engaged in P.T. practice, supervision, and instruction. Must be P.T. *specific*, not general for all mental health practitioners.

**Uses references, citations, and research that include:**  
 at least 3-5 sources from contemporary scientific literature (more is encouraged)

at least 3 of these from scientific journals published within the past 5 years

no more than one is from presenter’s own published literature

**Post-test at post-graduate level included for non-contact programs:**  
 6-8 questions per CE credit hour

majority written in multiple choice format

1-2 true or false questions

test must be sufficient depth to access applied and conceptual knowledge on content

**Marketing and Promotional Materials** (ex. flier/brochure; only if requesting sponsorship from PA APT)

Event or program name

Sponsor and, if applicable, Co-Sponsor name(s)

Date(s)

Number of contact or noncontact play therapy hours

Content description meets play therapy content requirement

Measurable learning objectives written in behavioral terms with the term “play therapy” displayed throughout (for each play therapy program if more than one program)

Event or program schedule (starting and ending times for each activity including registration, breaks, meals, and other activities)

Facility name, address, city, and state or online platform location

Cite brief cancellation & refund policy

Program presenter(s) (include name, highest mental health degree, and primary mental health credentials)

“PA APT Approved Provider 04-150” (mandatory phrase; approval for P.T. contact hours is pending)

“Play therapy credit available to mental health professionals & graduate students in a mental health program.” (include statement when offering trainings across multiple disciplines)

**Additional information:**

PA APT cost for CEs is $25.00 (per certificate)

Indicates the targeted audience (optional)

Includes the Dude logo if it is a PA APT *sponsored* event (not just approved by PA APT)