**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)