

Theraplay® Certification Practicum Attestation

I understand that by registering to join the Theraplay® or Group Theraplay® practicum, I am indicating that I agree to the following statements:

- I am in compliance and will abide by Theraplay Service Mark guidelines, calling my work “Theraplay informed practice” until I fully complete the Theraplay practicum upon which I can call my work “Theraplay.”
(See https://www.theraplay.org/images/stories/downloads/service_mark.pdf)
- I will use Theraplay® within the confines of my professional role, credentials and the ethics of any professional bodies of which I am a member.
- I may be required to do additional supervision sessions beyond the minimum to ensure my skills are at the required level for certification. If it is determined that additional supervision is necessary I understand that I will have to pay additionally for these supervision sessions.
- I do not have a criminal record that may prejudice the interests of children and families
- I have not been dismissed from employment on the grounds of professional misconduct or lack of competence
- I have not been refused membership of a professional body in a related field on the grounds of professional misconduct or lack of competence.
- I will keep The Theraplay Institute informed of any changes to my circumstances, either professionally or in relation to my personal character (including any conviction or caution that you are required to disclose).
- I am covered by Professional Indemnity and Public Liability insurance either personally or by my employer’s policies.
- I have the proper Consent to Videotape forms on file for each client whose video I submit for Theraplay supervision or consultation including the following statement:
“Video will be used by the therapist in his/her treatment of my family (for example, we review portions of sessions with you to enhance positive treatment outcomes) and for supervision with a qualified Theraplay supervisor.”
- If there are any updates or changes to my contact information, resume/CV, professional licensure/registration and proof of liability insurance, I will notify the Theraplay Institute.

Practicum Student Full Name

Practicum Student Signature

Date