

Registration to Begin the Theraplay Certification Practicum

Registration materials required

Registration materials should be submitted to the Practicum Manager, Robin Shannon at robin@theraplay.org. The process for collecting the registration materials may vary in other countries. Please inquire with the Practicum Manager about the relevant materials in your country.

- ☐ **Certification Practicum Registration Form - Page 2**
- ☐ **Level One Training and Cohort Supervision Contract - Page 3**
- ☐ **Practicum Attestation - Page 4**

To confirm you have no criminal convictions, malpractice suits etc. this form needs to be downloaded and signed.

Please also attached the following documents:

- ☐ **Resume or curriculum vitae**
Description of your professional experience and should include current contact information, educational background, degrees/certificates, relevant employment history and volunteer work
- ☐ **Professional license or professional registrations**
Confirmation of professional licensure, professional registration, or other documentation of proof of ability to legally practice in your country, state or jurisdiction. *(For registrants from the United Kingdom, registration with a professional body such as HCPC or BACP will meet this requirement.)*
- ☐ **Current Professional Indemnity Insurance**
Confirmation that you have your own professional indemnity insurance or that your organization covers you for your Theraplay-informed work.
- ☐ **Written permission from your supervisor at work (if applicable) – Page 5**
If employed by an agency or organization, written permission from your supervisor, line manager or director of the agency, to use your work for the practicum.

Certification Practicum Registration Form

Registrant Contact Information:

First Name: _____ Last Name: _____

Degrees/Credentials: _____

Preferred Mailing Address: _____

City: _____ State: _____ Country: _____

Preferred Email Address: _____

Preferred Phone: _____

Note: Please ensure the name provided in the above contact information reflects the name that you would like on any certificates you may receive throughout this program. Please also ensure the provided mailing address reflects where you would like your certificate shipped upon completion of a practicum level..

Level One Training and Cohort Supervision Contract

I, _____, understand that by signing that contract that I am agreeing to attend the full Level One Theraplay & MIM training program held in Houston, TX by Theraplay trainer and supervisor Mary Ring MARE, LPC-S, LMFT-S, RPT-S on March 20-21 and May 7-8, 2020. This program includes both a training and supervision component that I am required to attend to complete the program and receive my full Foundational certification.

The supervision component includes eight cohort supervision sessions. Once these dates and times have been mutually agreed upon, I understand that I am required to participate in all sessions. I will be required to present four total case presentations (twice in part one of the program and twice in part two of the program) by the end of the program and also observe 12 total hours. Should I miss any supervision sessions, I understand that it is my responsibility to make up the supervision presenting or observing a TTI web supervision unless other arrangements have been made with my supervisor. I agree to make every effort to be on time for cohort meetings and understand that should there be any additional costs for make-up supervision or additional supervision, it is my responsibility. It is also my responsibility to ensure that I have additionally completed 32 unsupervised Theraplay sessions working with a minimum of two separate families before my Foundational Theraplay Practitioner certificate can be awarded. I also understand that the fee that I have paid for this program is non-refundable and non-transferrable.

NOTE: It is within the supervisor's discretion to recommend further supervision beyond the minimum 8 cohort sessions to ensure supervisees meet the basic skill level for Foundational certification. Payment for additional individual supervision sessions will be the responsibility of the supervisee.

By signing this contract, I agree that I identified families that I have deemed appropriate for the use of Theraplay and that I will be prepared to present a case at the start of the cohort supervision dates.

Technology

I agree that every effort will be made to follow technology recommendations and trouble-shoot technology problems in order to optimize participation (for example, upload and send videos to supervisor ahead of time to account for slow upload speeds, acquire a microphone headset so as to minimize audio interference for other participants, etc.) If I have any issues in this area or need to make-up a supervision I will contact my Theraplay supervisor or the Practicum manager at robin@theraplay.org.

Confidentiality

I understand that the Theraplay case supervision that I am participating in is completely confidential. I will not share the link to participate or any of the specifics of the cases presented with anyone other than the participants of the supervision session.

Full Printed Name _____

Signature _____ Date _____

Note: This agreement will be signed once and kept on file for future use.

Please do not write below dotted line.

Assigned Theraplay Supervisor: _____ Mary Ring _____ Date forwarded to TTI: _____

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

Sample Permission Letter

ABC Foster and Adoption Agency

Dear Practicum Manager,

As the direct clinical supervisor of **Jane Doe** at **ABC Foster and Adoption Agency**, I can confirm that **Jane Doe** has permission to join the Theraplay Practicum and use Theraplay as a therapeutic modality as appropriate with her clients.

Kind regards,
Agency Supervisor