

Emily R. Keller, PhD, LPCC, LCMHC-S, RPT-S
381 Earhart Way, Livermore, CA, 94550
emily@dremilykeller.com
(925) 290-0036

Play Therapy Supervision Attestation Form

I have read and attest to being familiar with the code of ethics that rules my profession.

I have read and attest to being familiar with the practice standards and guidelines for my profession.

I have read and attest to being familiar with the laws and rules provided by the state credentialing board that governs my license.

I agree to immediately inform my supervisor of any of the following:

- A disciplinary action is taken against them by the applicable licensing authority
- A suspended or revoked license; or a condition placed on my license
- The conviction of a crime related to the provision of mental health services or a crime that would adversely affect the interests, effectiveness, reputation, or image of APT
- The voluntary relinquishment of a license

I have read and am familiar with the Association for Play Therapy's:

- Play Therapy Best Practices https://www.a4pt.org/resource/resmgr/publications/apt_best_practices_-_june_20.pdf
- Paper on Touch
- https://www.a4pt.org/resource/resmgr/publications/2019/Paper_on_Touch_2019_-_Final.pdf
- APT Credentialing Standards for the Registered Play Therapist (RPT) Credential https://www.a4pt.org/resource/resmgr/credentials/rpt_standards.pdf

I have provided the supervisor with the following:

- A copy that proves my personal identification with picture (driver's license, school id, etc).
- A copy of my state license(s) authorizing the provision of psychotherapy services in the state(s) in which I will be providing play therapy services OR proof of enrollment in graduate program seeking a degree in a mental health field
- A copy of my Malpractice Insurance that includes my supervisor addendum OR a copy of my work site Malpractice coverage.
- A copy of the authorization for supervision and media release that will be provided to my clients and has been approved by my agency.

Supervisee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____