



## Continuing Education CE Approval Checklist

### I. Six weeks prior to training (complete and/or send following forms to FAPT CE Committee at [training@floridaplaytherapy.org](mailto:training@floridaplaytherapy.org)):

- \_\_\_\_\_ Presentation Proposal Form
- \_\_\_\_\_ Vitae/Resume of Presenter (s)
- \_\_\_\_\_ Advertisement (and other promotional material) must include the following:

- 1) Mandatory phrase: "Play therapy credit will not be awarded to non-mental health professionals" be displayed when offering trainings to individuals across multiple disciplines
- 2) Event or Program Name
- 3) Sponsor and, if applicable, Co-Sponsor Name(s)
- 4) Training date(s)
- 5) Number of contact play therapy credit hours (one hour credit = 60 minutes)
- 6) Content Description
- 7) Learning Objectives (for each play therapy program session, if more than one session)
- 8) Event or Program Schedule (starting and ending times for each activity including registration, breaks, meals, and other activities)
- 9) Facility Name, Address, City, and State
- 10) Cite brief cancellation and refund policy. *FAPT cancellation policy: Cancellations must be received in writing at least 14 days prior to the workshop date to receive a full refund. Cancellations received after the 14 days are subjected to a \$10.00 processing fee. No refunds will be given for workshop already attended or for parties who register but do not attend.*
- 11) Program Presenter(s) (include name, highest mental health degree, and primary mental health credentials for each presenter)
- 12) Statement: *The Florida Association for Play Therapy (FAPT) is an approved provider for the Association for Play Therapy to offer continuing education specific to play therapy. APT Provider #02-115. FAPT is approved by the Florida Department of Health under FL Statute 491 to offer continuing education for Social Workers, Marriage and Family Therapists and Mental Health Counselors. Provider Number BAP-50-10520 expires 03/31/2019. FAPT is approved by the Florida Department of Health under FL Statute 490 to offer continuing education for Psychologists. Provider Number BAP-50-10520 expires 05/31/2020.*  
**OR** display the approved provider logo with their provider # directly below the logo
- 13) Statement: *Compliance with the Americans with Disabilities Act of 1990, 42 USC §§12101-12213.*

- \_\_\_\_\_ Sample of the Registration Form
- \_\_\_\_\_ Sample of the Certificate of Completion that will be issued
- \_\_\_\_\_ Proposed Agenda

### II. One week of completion of the training (send the originals of the following information to the FAPT CE Committee co-chair [see mailing address below]):

- \_\_\_\_\_ Handouts (PowerPoint, learning objectives, etc.)
- \_\_\_\_\_ Agenda (include breaks if over 2 hours)
- \_\_\_\_\_ Completed Evaluation Forms
- \_\_\_\_\_ Sign-In/Sign-Out Sheet(s)
- \_\_\_\_\_ Fees Balance Sheet (s)
- \_\_\_\_\_ Checks/Monies collected from the training
  1. All money collected in cash or checks has to be written in the Fees Balance sheet(s) **per person** as indicated.
  2. The amount collected in cash and checks needs to be **totaled** per session. This amount should **equal** the amount totaled on the Fees Balance Sheet(s) and needs to be written in.
  3. The total number of attendees times the amount charged per person needs to **equal** the total amount collected.
  4. The Fees Balance sheet(s) which reflects money collected needs to be initialed by **2** people in charge of the session. The purpose is to decrease the possibility of errors and maintain accountability.
  5. If anyone is given a **complimentary** registration, it needs to be stated on the Fees Balance sheet(s).
  6. Fees Balance sheet(s) and all other supporting documentation, including the money collected, need to be mailed with **delivery confirmation** from the post office since it will contain cash/checks.

\_\_\_\_\_ Receipts for expenses based on budget proposal approved along with the name, telephone number, email and mailing address of who is to be reimbursed, if applicable.

\_\_\_\_\_ Presentation Proposal form with approved budget for mailing out speaker fee, if applicable.

NOTE: The contact information for the *CE Committee* is:  
Florida Association for Play Therapy  
c/o Meyleen Velasquez  
2450 Hollywood Blvd, Suite 301A  
Hollywood, FL 33020

**For additional information email [training@floridaplaytherapy.org](mailto:training@floridaplaytherapy.org)**