Instructions for Full Application
Play Therapy Education Sequence

Full Application Steps & Packets Include:

1) Application & Acceptance to UCM
2) Access the Play Therapy Training Institute Blackboard to Submit Application Documents
3) Full Application Form for Play Therapy Education Sequence
4) Background Check
5) Academic Transcripts from all graduate education and institutions
6) Resume
7) Play Therapy Interest and Intent Essay
8) Transfer Credit Materials (if applicable)

Instructions for each step of the application process are listed below:

1) Application & Acceptance to UCM (Graduate & International Admissions)

- Weblink for UCM's Graduate & International Admissions: https://www.ucmo.edu/future-students/apply-to-ucm/graduate-application-steps/
- For applicants already **currently enrolled** in UCM's Counseling Programs (Master's and Education Specialist degrees), your existing Graduate School Acceptance can be applied. You do not need to reapply with the Graduate School; this step is complete.
- For applicants who **intend to enroll in one of UCM's graduate degree programs** (such as a Master's or Education Specialist degree) and who intend to use play therapy course work as part of their degree plan, complete the Master's/Education Specialist/Doctoral Degree Application.
- For applicants who **intend to ONLY pursue play therapy education outside of a formal degree program at UCM**, complete the Non-Degree Seeking Application.
- Once accepted to UCM, applicants will be provided with a UCM email and 700 number, which must be included in the application materials.
  ** Please note that per university policy, electronic communication can ONLY occur through UCM emails. Emails will NOT be sent to non-UCM email accounts. Applicants should check and utilize their UCM emails daily.

2) Full Application Form for Play Therapy Education Sequence

- Full Application Forms can be viewed and retrieved at the end of this document (pages 4-9).
- All applicants must complete this form to receive "Full Acceptance" status. "Full Acceptance" status is required to enroll in more than one play therapy course or to enroll in the Advanced Practicums in play therapy courses.

3) Background Check

- Because students in the play therapy education sequence work with children during the practicum courses, a background check (completed within the last 2 years) is required.
- Background checks will be completed through:
  - Family Care Safety Registry: https://health.mo.gov/safety/fcsr/
  - Step-by-step instructions for completing the background check can be accessed at: https://health.mo.gov/safety/fcsr/pdf/registrationinstructions.pdf
  - Cost: $14
  - Applicants who reside outside of Missouri should contact Dr. Schoeneberg, Play Therapy Training Institute Director, to locate a background check source within the applicant's state of residence.
- Background check results should be submitted on the Play Therapy Training Institute Blackboard Site.
- Existing Background Checks: Applicants who have completed a background check from the Family Care Safety Registry within the past 2 years and intend to use this existing background check should complete Section I.C. on the Full Application Form and submit a copy of the existing background check with his/her application packet.

4) Academic Transcripts

- All applicants must submit unofficial transcripts from all graduate work from all graduate institutions attended.

5) Resume

- All applicants must submit a resume that reflects the applicant's education, employment, professional/clinical experience, leadership, and other professional work.

6) Play Therapy Interest and Intent Essay

- All applicants must submit a 350 - 700-word count essay of explaining your interest in play therapy and your professional goals in the field of play therapy. Please describe any previous experience in play therapy (including year) as well as your professional background, other experience, and specific intentions for how you will use play therapy education to serve your clients in your work setting.

7) Transferring Credit

- Applicants must complete Section I.E. of the Full Application Form and then submit copies of any Association for Play Therapy Approved Provider/CE Provider Workshop/Training certificates on the Play Therapy Training Institute Blackboard Site.
- Materials should include: previous play therapy coursework syllabi and/or CE training certificates (with official training summary and learning objectives provided by the trainer). CE trainings MUST reflect that it was approved by the Association for Play Therapy (APT) and facilitated by an APT Approved Provider.
- A maximum of 4.5 graduate hours may be used as transfer credit towards the 9 graduate hours of play therapy education. A transfer request does not guarantee that the coursework hours will be accepted for the education sequence.
- All transfer credit materials should be submitted with the application packet.

8) Submitting the Application Packet

- Once all items of the application are complete, applicants should email all items and forms to Dr. Corie Schoeneberg, Director of the Play Therapy Training Institute, at schoeneberg@ucmo.edu. Responses regarding an applicant's acceptance will be provided within two weeks of submission.
    - Full Application Packets should include:
        - Completed Full Application
        - Background Check Results
        - Unofficial Graduate Transcripts
        - Resume
        - Play Therapy Interest & Intent Essay
        - Any materials associated with transferring credit (optional)

Additional Information

- **International Students** may enroll in the play therapy course sequence from their home country or submit a H4 or H1B visa to UCM Graduate School.
- Applications will be **reviewed within 2-3 weeks** once the application packet is complete in its entirety in submission. Applicants will be notified via email of their acceptance status.
- Applicants may apply for **Preliminary Acceptance status** in order to enroll in one course if the Full Application is process is not complete by the start of the semester. With Preliminary Acceptance status, applicants are allowed to enroll in one course in the play therapy education sequence prior to Full Acceptance status. (For UCM Counseling students taking COUN 5520, applicants are allowed to enroll in Advanced Practicum in Play Therapy prior to receiving Full Acceptance status.)
    - Preliminary Application: www.ucmo.edu/playtherapy
- All questions regarding **financial aid** should be directed to UCM's Financial Aid Office which can be found at: https://www.ucmo.edu/future-students/financing-your-education/
- For questions regarding application and submission of materials, please contact: Dr. Schoeneberg, Play Therapy Training Institute Director, at schoeneberg@ucmo.edu.

Full Application Form for Play Therapy Education Sequence
Play Therapy Training Institute

Contact Information

Applicant Name:

UCM Email Address:

UCM 700 Number:

Mailing Address:

Phone:

Emergency Contact:

Emergency Contact Phone:

Emergency Contact Address:

Note: If special accommodations are required, contact the Office of Accessibility Services at Union 222, University of Central Missouri Warrensburg, Missouri or call (660) 543-4421.

Professional Background

1) List ALL Current or Previously Held Professional Licenses or Certifications

License/Cert Type	Number	Date Issued	State	Status (Active, Inactive, Revoked)
A.				
B.				
C.				

2) Please describe any history of restrictions or disciplinary actions related to licenses or certifications you currently hold or have previously held:

Consent

I hereby authorize UCM to make digital and/or machine copies of page one of this document, and I further authorize and request the aforementioned agencies accept and honor a digital/machine copy of this document as if it were an original document.

Applicant Signature Date

Play Therapy Educational Background and Intent

I. Play Therapy Education Background

I.A. General Education Background

Please Indicate:

____ If Currently a Student:

Indicate: Masters/Education Specialist/Doctoral Level

University:

Anticipated Graduation Date:

Indicate Program's Mental Health Discipline:
Clinical Counseling/School Counseling/Psychology/Social Work/Marriage & Family Therapy

Indicate Semester & Year of Completion for:
Child Development Course (COUN 5310 at UCM):
Theories of Personality (COUN 5510 at UCM):
Counseling Diverse Populations (COUN 5230 at UCM):
Principles of Psychotherapy (COUN 5500 at UCM):
Ethics (COUN 5110 at UCM):

____ Previous Graduate Education:

____ No other graduate degrees or coursework in a mental health discipline.

Indicate: Masters/Education Specialist/Doctoral Level

University:

Graduation Date:

Indicate Program's Mental Health Discipline:
Clinical Counseling/School Counseling/Psychology/Social Work/Marriage & Family Therapy

Indicate Semester & Year of Completion for:
Child Development Course (COUN 5310 at UCM):
Theories of Personality (COUN 5510 at UCM):
Principles of Psychotherapy (COUN 5500 at UCM):
Counseling Diverse Populations (COUN 5230 at UCM):
Ethics (COUN 5110 at UCM):

I.B. Professional Background

List all Professional Organizations in which you currently hold membership:
Organization: Date Joined: Any Offices Held:

List any awards, scholarships, or other distinctions, including articles published in professional journals or presentations at professional meetings:

Have you ever been dismissed from any post-secondary program of training or education?
____ No ____ Yes (If yes, please attach explanation.)

Have you ever been convicted of or pleaded guilty or no contest to any felony or misdemeanor, except minor traffic violations? ____ No ____ Yes (If yes, complete below)
Date: Jurisdiction: Charge: Disposition:

I.C. Background Check

Please Indicate:
___ I do not have an existing background check from the Family Care Safety Registry and I intend to use a new background check for my application. Move onto Part I.D.

___ I have an existing background check from the Family Care Safety Registry, which was completed **in the last two years**, and I intend to use this background check for my application. Complete statement below:

I attest that since my last background check was completed, I have not been convicted of any criminal charges, felonies, or child abuse allegations. To the best of my knowledge, my background check status has not changed. _____ (Initial)

I.D. UCM's Counseling Program Status

Please Indicate:
___ I am not a student or alumni of UCM's Counseling Program. Move onto Part I.E.

___ I am currently enrolled in or alumni of UCM's Counseling Program. Complete the information below.

Indicate when you completed COUN 5520 Introduction to Play Therapy at UCM:
Semester/Year:

___ I do not intend to utilize COUN 5520 in my play therapy education sequence, and I would like to enroll in Foundations in Play Therapy.

___ I intend to apply COUN 5520 for my play therapy education sequence and not enroll in Foundations in Play Therapy.

*COUN 5520 MUST have been **completed within the last two years**.
*If COUN 5520 was completed more than two years ago, applicants who intend to apply this course to their education sequence must **apply for an exception** by completing the Foundations in Play Therapy Exception Assessment on the Play Therapy Training Institute Blackboard Site. Applicants must earn at least 85% on this assessment and receive Director Approval in order to exceptionally apply COUN 5520 to the education sequence.
*If COUN 5520 was **completed more than five years ago**, the course cannot be applied (regardless of application for exception) for the education sequence due to APT credentialing guidelines.

I.E. Transfer of Credits Request for Play Therapy Education
Please Indicate:
___ I already hold the credential of RPT/SB-RPT. Complete the following:
Credential Type (RPT/SB-RPT) Number Date Issued

___ I completed a Preliminary Application for Enrollment and have already completed/in process of completing one course in UCM's play therapy education sequence.
Completed/In-Process UCM Play Therapy Course:
Semester Completed/Enrolled:

___ I DO NOT wish to submit any coursework/trainings as credit towards play therapy education classes at UCM. Move onto the Section II.

___ I DO wish to submit coursework/trainings as credit towards the play therapy education classes at UCM (only applicable if you wish to pursue the full 9 hours of credits). All coursework/training MUST have been completed within the last five years. Coursework/trainings completed prior to the last five years will not be accepted. Complete the information below.

Check the UCM Play Therapy Courses you are applying for credit due to existing education:
____ Foundations in Play Therapy
____ Advanced Practicum in Play Therapy
____ Mental Health Issues in Children
____ Advanced Practicum in Play Therapy Techniques (Sandtray)
____ Play Therapy and Childhood Trauma
____ Supervision in Play Therapy

Previous Play Therapy University Coursework
**Syllabi of course(s) must be provided*
Course Title & Number No. of Credit Hours Semester/Year

Previous Play Therapy Workshops/Trainings (Must be Approved CE by the Association for Play Therapy)
**CE Certificates with Workshop/Training Summary & Learning Objectives must be provided.*

Training	No. of CE Hours	Month/Year

II. Play Therapy Educational Intent

II.A. Play Therapy Coursework

Please Indicate:
____ I intend to take the full sequence of play therapy courses at UCM.
____ I intend to only enroll in the following play therapy courses at UCM:
- ____ Foundations in Play Therapy
- ____ Advanced Practicum in Play Therapy
- ____ Mental Health Issues in Children
- ____ Advanced Practicum in Play Therapy Techniques (Sandtray)
- ____ Play Therapy & Childhood Trauma
- ____ Supervision in Play Therapy

Please Indicate:
___ I intend to complete the 1-year learning track of play therapy coursework.
___ I intend to complete the 2-year learning track of play therapy coursework.
___ I do not intend to complete the full sequence and am not on a specific learning track.

*Learning tracks sequences can be viewed at www.ucmo.edu/playtherapy

II.B. Play Therapy Professional Goals

Please Indicate:
____ I do not intend to pursue credentialing as an RPT/SB-RPT/RPT-S
____ I intend to pursue credentialing as an RPT (requires licensure)
____ I intend to pursue credentialing as an SB-RPT (requires school counselor certification)
____ I intend to pursue credentialing as an RPT-S (requires RPT/SB-RPT credential)

Section III. Agreement to Comply with Ethical Standards, University Policies, and Personal Attestation

The Play Therapy Training Institute is housed within the Counseling Program at UCM, which operates within the framework of the American Counseling Association (ACA) Code of Ethics and Standards of Practice as well as the American School Counselor Association (ASCA) Code of Ethics and the Association for Play Therapy's recommendations outlined in the Best Practice Guidelines and Paper on Touch. Students are expected to comply with these standards and Codes of Ethics (and the Code of Ethics of any other mental health discipline associated with a student's license/certification/or graduate degree) as well as the laws, policies, and regulations of their state and play therapy/counseling site. Students must also agree to comply with the

Counseling Program and the University of Central Missouri's department rules and policies, which sometimes change and adjust over the course of time.

Lastly, students must agree to ethical conduct regarding online learning, which includes:

- ***Ethical management and review of clinical sessions for practicum courses:*** Students must subscribe to Supervision Assist ($100 per semester or $200 for entire education sequence) in order to upload/record sessions. If uploading a previously recorded video, students must immediately delete videos from recording devices after the upload is complete. Students must review session videos in confidential spaces in which the content of videos cannot be seen or heard by others. Ethical violations regarding the use of recorded sessions may result in academic remediation or removal from the course or education sequence. _____ (Initial)

- ***Ethical use of educational videos:*** Videos cannot be shared with others outside of the course, recorded with any device, or used for any other purposes outside of course requirements. _____ (Initial)

- ***Ethical management of educational resources:*** Resources, including electronic book chapters, articles, and other materials, should be carefully reviewed for copyright considerations and not distributed to others outside of the course. _____ (Initial)

- ***Ethical participation in synchronous online classes:*** Students must offer their full-attention during synchronous classes, which means that students avoid multi-tasking, distractions, and other activities that interrupt the learning process. Students should attend synchronous classes prepared to have their video camera on for the entirety of the class time and be engaged to the same degree as though the course were a face-to-face class experience. _____ (Initial)

By signing this document, I agree to comply with the various codes of ethics, university policies and procedures, and state mandates and regulations. I also attest that I have carefully considered each question of this application, and my statements in this application are true and complete to the best of my knowledge. I understand that misrepresentation in any statement or ethical violations may be considered as sufficient reason to refuse an applicant admission to the play therapy education sequence or, if admitted, may result in disciplinary action up to and including dismissal from the educational program.

Applicant Signature Date

*Once complete, this application and all other materials can be emailed to Dr. Corie Schoeneberg, Director of the Play Therapy Training Institute, at schoeneberg@ucmo.edu.