

APPLICATION FOR SANDPLAY PRACTITIONER

I hereby submit my application to be a Sandplay Practitioner in *Sandplay Therapists of America* with reference to the *Sandplay Practitioner Requirements and Procedures*.

Directions: Please type or print. Be specific and clear regarding dates, hours and persons. If you are unable to verify the information or are not sure, please indicate accordingly. Please mail two copies of the completed application and forms 1-4 in one packet.

1. Name _____

2. Address _____

3. Phone (Home) _____ (Office) _____

4. Email _____ Fax _____

Date of Birth _____

Male _____ Female _____

5. Licensure/Credential/Certificate

Applicants must hold a license, credential, or certificate as a mental health professional or in an equivalent allied field such as nursing, teaching or spiritual direction.

State _____ License/Credential/Certificate # _____

Type of License _____ Year Obtained _____ Renewal Date _____

6. Personal Development

Sandplay Process completed with _____

Process must be with a member of the International Society of Sandplay Therapy (ISST); that is, a Certified Sandplay Therapist (CST) or Certified Sandplay Therapist-Teacher (CST-T). Complete Sandplay Practitioner **Form A**.

7. Documentation of education in sandplay theory and practice. Please provide documentation showing the following:

a. Minimum of 36 hours of education in sandplay with a CST-T or at a STA-sponsored conference, seminar or workshop including 18 hours of an introductory course in sandplay. Twelve of the 36 hours may be earned through STA approved on-line courses. Complete Sandplay Practitioner **Form B**.

b. Group consultation with a CST-T for a minimum of 25 sessions in which the applicant presented at least 5 hours of sandplay case material or participated in individual sandplay consultation for a minimum of 15 sessions or a combination of group and individual consultation for 20 sessions. If an applicant selects a combination of group and individual sessions, at least two hours of every ten hours of group consultation must be presentation hours by the applicant. Complete Sandplay Practitioner **Form C**.

c. The applicant must have used sandplay for a minimum of one year (9 months for school counselors), working with a minimum of 3 clients or students per week, who were engaged with sandplay on a regular basis. The applicant must have been in consultation with a CST-T during this period. Complete Sandplay Practitioner **Form D**.

8. Letters of Recommendation from two clinical members of STA have been requested from:

1. _____

2. _____

Please have these letters sent to the STA address below.

9. If applicable, submit copy of malpractice insurance or equivalent.

Attestation

Yes No Been convicted of a crime in any state or county;

Yes No Ever had any licensing board or professional ethics bodies require you to surrender your license or found you guilty of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country;

Yes No Any complaints, charges or investigations pending against you for any ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country;

Yes No Any professional liability claim or suit ever been made against you;

Yes No Engaged in or ever been engaged in any sexual misconduct with any of your current or former patients or current or former patients spouse or any person with direct relationship to patient or former patient;

If yes, please give full particulars in order for your application to be considered.

I, the applicant, understand that any deliberate misrepresentation in the information about myself that I have supplied will jeopardize my application and membership in Sandplay Therapists of America.

_____ Date _____

Signature

Please **mail two complete sets** of the application materials to:

Sandplay Therapists of America

PO Box 4847

Walnut Creek, CA 94596

Enclose \$75.00 application fee, made out to STA, which is non-refundable.

Annual Dues: \$145.00 due when accepted as a Practitioner Member.

Form A Sandplay Practitioner in Sandplay Therapists of America

VERIFICATION OF PERSONAL PROCESS HOURS

Name of Applicant_____

Name of Personal Process Therapist_____

Date Personal Process Therapist became a member of the International Society of Sandplay Therapy_____

Address of Personal Process Therapist_____

Email/Phone of Personal Process Therapist_____

List all dates and **number of hours** you met with Personal Process Therapist:

I certify that the above information is correct to the best of my knowledge.

Personal Process Therapist Signature

Date

Form B Sandplay Practitioner of Sandplay Therapists of America

VERIFICATION OF CONSULTATION HOURS

Name of Applicant_____

Name of Group/Individual Consultant_____

Email/Phone for Group/Individual Consultant_____

Please provide the **dates** showing a minimum of 25 sessions in which you as applicant have presented at least 5 hours of sandplay case material or participated in individual sandplay consultation for a minimum of 15 sessions or a combination of group and individual for 20 sessions. If the applicant chooses a combination of group and individual sessions at least 2 hours of every ten hours of group must be presentation hours by the applicant.

I certify that the above information is correct to the best of my knowledge.

Applicant Signature

Date

Form C Sandplay Practitioner in Sandplay Therapists of America

VERIFICATION OF EDUCATION HOURS

Name of Applicant _____

Requirement: Minimum of 36 hours of education in sandplay with a CST-T or at a STA-sponsored conference, seminar or workshop including 18 hours of an introductory course in sandplay. Twelve of the 36 hours may be earned through STA approved on-line courses.

List introductory courses; date of each course; location; **number of hours** of each course, and name of person(s) leading each course(s). (Total = minimum of 18 hours.)

List additional courses and/or STA-sponsored conferences, seminars, or workshops; date of each; location; **number of hours**; and name of person(s) or organizations sponsoring the course or event. (Total = Minimum of 18 hours)

I certify that the above information is correct to the best of my knowledge.

Applicant Signature

Date

Form D Sandplay Practitioner in Sandplay Therapists of America

VERIFICATION OF SANDPLAY WORK

Name of Applicant_____

Name of CST-T Consultant_____

The applicant must have used sandplay for a minimum of one year (9 months for school counselors), working with a minimum of 3 clients or students per week, who engaged in sandplay on a regular basis.

I certify that the above information is correct to the best of my knowledge.

CST-T Consultant Signature

Date

Form E Sandplay Practitioner in Sandplay Therapists of America

AUTOBIOGRAPHICAL STATEMENT

Once you have completed the requirements for Sandplay Practitioner, we would like to announce to the membership your new membership status. We are asking you to provide a brief written paragraph describing your educational background, professional experience, current position and location and contributions to the field. Thank you for taking the time to complete this. (Please submit this with your application packet.)