

# FORM 1

## APPLICATION FOR CLINICAL MEMBERSHIP

I hereby submit my application to be a candidate for clinical membership in the *Sandplay Therapists of America* and the *International Society for Sandplay Therapy*.

My advisor for this application is: \_\_\_\_\_

Advisor's Email \_\_\_\_\_ Phone \_\_\_\_\_

With reference to the *Clinical and Teaching Membership Requirements and Procedures* document, I submit the following information regarding my qualifications.

(Please type or print. Be specific and clear regarding dates, hours and persons. It may be best to use extra sheets of paper for items 6 through 10. If you are unable to verify the information or are not sure, please indicate.)

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Phone Numbers (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

Email \_\_\_\_\_ (Fax) \_\_\_\_\_

4. Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

5. Licensure (Required if appropriate in your state)

State \_\_\_\_\_ License # \_\_\_\_\_ Year Obtained \_\_\_\_\_

Most Recent Renewal \_\_\_\_\_

6. Education

Please provide documentation showing you meet the educational requirements for clinical membership.

7. Personal Development

Please document a combined total number of hours of analysis; psychotherapy and personal sandplay process that totals a minimum of 100 hours and submit a description of the therapist's therapeutic orientation, dates of analysis and/or psychotherapy, and total number of hours.

Name of ISST member with whom work was completed:

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8. Documentation of sandplay theory and practice.  
Please provide documentation showing a minimum of 120 hours of coursework in each of the following content areas:
    - a) Introduction to sandplay therapy – 18 hrs. minimum
    - b) Clinical sandplay practice – 48 hrs. minimum
    - c) Jungian theory – 18 hrs. minimum
    - d) Symbolism – 18 hrs. minimum
    - e) Electives – no minimum
  9. Consultation: Individual and Group  
Please provide documentation showing a minimum of 75 hours of sandplay case consultation with an ISST clinical member. Show that at least 25 of these hours were individual consultation with an ISST Teaching member, after they became a teaching member. (Appendix Form 4)
  10. Please provide a signed copy of your Applicant/Advisor Agreement.
  11. Preliminary Papers  
With this application, please enclose **five** copies of the one or two required Preliminary Papers. Include copies of the acceptance by the readers of the papers, along with their signature and date of acceptance.
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I, the applicant, understand that any misrepresentation in the information about myself that I have supplied may jeopardize my application and my clinical membership with the International Society of Sandplay Therapists.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Send **five** copies of your completed and signed application form and, attached to each, a list of your hours of training and consultation. Send only **two** sets of any certificates of attendance and signed verification of consultation hours, which you have accumulated. Please include a check in the amount of \$175.00, payable to Sandplay Therapists of America.

Please mail to:

**Sandplay Therapists of America**  
**PO Box 4847**  
**Walnut Creek, CA 94596**

See Chapter Three for more information.