HANDBOOK

OF

STA/ISST CERTIFIED, TEACHING and PRACTITIONER
MEMBER REQUIREMENTS AND PROCEDURES
FOR SANDPLAY THERAPISTS OF AMERICA

Effective January 1, 2004
Revised February, 2017
MISSION STATEMENT
of
SANDPLAY THERAPISTS OF AMERICA

Sandplay Therapists of America (STA) is a non-profit organization established to train, support, and promote professional development in sandplay in the tradition of Dora Kalff and based on the theories of C.G. Jung.

GOALS
of
SANDPLAY THERAPISTS OF AMERICA

Introduction
As envisioned and developed by Dora M. Kalff, sandplay requires engaging the total person of the therapist in the ongoing process of transformative inner work. Becoming a member of Sandplay Therapists of America, therefore, necessitates the continuing commitment of the therapist to personal and psychological growth.

The application process serves as a point of entry into a way of life characterized by this continual self-exploration and development. Fidelity to this process determines the quality of the “free and protected space” provided by the therapist. The following revised requirements and procedures attempt to promote and solidify the personal and professional commitment on the part of the sandplay therapist.

Sandplay Therapists of America recognizes four levels of membership, three of which require an application. Those three levels are: Sandplay Practitioner, STA/ISST Certified Member and STA/ISST Teaching Member. We are a non-profit organization that operates as an all-volunteer service organization, with secretarial help provided by an administrative assistant. We depend on our members to vote and create the Board of Trustees, as well as to run the organization within our written and accepted bylaws and code of ethics. It is important for every new certified and teaching member of STA to consider how they may serve this organization, both regionally and nationally, for it is only with our membership actively involved that sandplay continues to thrive and grow.

We look forward to your involvement and support of this organization. You may contact any Board of Trustee member for further information, and/or our executive assistant, Ritu Tandon, at 925-820-2109 or sta@sandplay.org for ways to immediately support sandplay. Your active support is most welcome!

Please see next page for current list of Board members.
STA Board of Trustees
2016

**Elected Board Members**
Lucia Chambers
David Dermott
Antoinette Eimers, Treasurer
Lorraine Freedle
Olivia Heathcote, Education Chair
Jill Kaplan, President
Jackie Kelley, Admissions Chair
Steve Olmsted, Secretary
Ellen Saul
Sally Sugatt, Vice President
Janet Tatum, Past President

*Ex Officio Members*

**ISST Representatives**
Betty Jackson
Audrey Punnett

**Journal Editor**
Joyce Camuyrano Cunningham

**Emeritus Board Members**
Lauren Cunningham
Harriet Friedman
Gretchen Hegeman
Rie Rogers Mitchell
Judy Zappacosta
TABLE OF CONTENTS

STA/ISST Certified Sandplay Therapist Requirements

Chapter 1 .......................................................................................................................... Page 5
Pre-Qualifications for STA/ISST Certified Membership

Chapter 2 ....................................................................................................................... Page 6-8
Training Requirements for STA/ISST Certified Membership

Chapter 3 ....................................................................................................................... Page 9-10
Become a Candidate for STA/ISST Certified Membership

Chapter 4 ....................................................................................................................... Page 11
Become an STA/ISST Certified Member

Chapter 5 ....................................................................................................................... Page 12-13
Become an STA/ISST Teaching Member

Appendix

Forms
Form 1 – STA/ISST Application for Certified Membership........................................... 14-16
Appendix D..................................................................................................................... 17-24
Form 2 – Applicant/Advisor Agreement and Checklist .................................................. 25-26
Form 3 – STA Authorization for Release of PHI ............................................................ 27
Form 4 – Final Case Report Reader Request ................................................................ 28
Form 5 – Final Case Report Reader Assessment ............................................................. 29
Form 6 – New STA/ISST Certified Member Form .......................................................... 30
Form 7 – Autobiographical Statement ......................................................................... 31
Form 8 – Application to be an STA/ISST Teaching Member ......................................... 32-35
Form 9 – Introduction to Sandplay - Course Evaluation Form ....................................... 36
Form 10 – Summary of Teaching Evaluations for STA/ISST Teaching Membership..... 37-38

Forms 1 through 7 are needed to complete the STA/ISST Certified Membership application.
Forms 8 through 10 are needed for the STA/ISST Teaching Membership application.

Curriculum Guide........................................................................................................... 39
Consultation - Additional Information........................................................................... 40
Preliminary Paper Information....................................................................................... 41
Preliminary Paper Readers............................................................................................ 42
Preliminary Paper Checklist.......................................................................................... 43-44
Preliminary Paper Guidelines....................................................................................... 45-46
Advisor - Additional Information.................................................................................. 47-49
Advisory Interview Guidelines...................................................................................... 50-51
Final Case Report Process Information........................................................................ 52
Final Case Readers......................................................................................................... 53-54
Requirements for Final Case Readers .......................................................................... 55
Exceptions Information................................................................................................. 56

Sandplay Practitioner Requirements

Chapter 6 .......................................................................................................................... Pages 57-59
Prerequisites and Training Requirements

Chapter 7 .......................................................................................................................... Pages 60-66
Application including forms
Chapter One

PRE-QUALIFICATIONS FOR STA/ISST CERTIFIED MEMBERSHIP

1. **POST-GRADUATE DEGREE**
   **Requirement:** Graduate degree in a helping profession such as medicine, psychology, certified social work, pastoral counseling, school counseling, or marriage and family counseling, from a regionally accredited university.
   **Time Frame:** Two years prior to application.
   **To Document:** Submit a copy of degree.

2. **CLINICAL KNOWLEDGE BASE**
   **Requirement:** Knowledge of psychotherapy, psycho-diagnosis, and psychology obtained through formal study and two years of supervised certified experience.
   **Time Frame:** Prior to application.
   **To Document:** On the application, indicate the courses taken than meet this requirement and submit copies of official transcripts with the application.

3. **LICENSURE**
   **Requirement:** License in a mental health or related field or accreditation in your professional field (e.g., spiritual direction, body work).
   **Time Frame:** Prior to application.
   **To Document:** Submit a photocopy of license or credential with application. Also submit evidence of having completed 2000 hours of direct supervised certified or counseling experience, or equivalent. If licensure is not required in your state, submit information substantiating this with your application. Please include a description of your scope of practice.

4. **PERSONAL DEVELOPMENT**
   **Requirement:** In-depth inner development and insight as gained through analysis and/or psychotherapy. The combined total number of hours of analysis, psychotherapy and personal sandplay process (see next section) is a minimum of 100 hours.
   **Time Frame:** Analysis and/or psychotherapy should have occurred within the past 10 years prior to the date of application. Analysis and/or psychotherapy may be concurrent with personal sandplay process.
   **To Document:** With application submit a description of the therapist’s therapeutic orientation, dates of analysis and/or psychotherapy, and total number of hours.

5. **MALPRACTICE INSURANCE**
   Malpractice insurance in your respective professional discipline is required and must be sent in with the application.
Chapter Two

TRAINING REQUIREMENTS FOR STA/ISST CERTIFIED MEMBERSHIP

1. PERSONAL SANDPLAY PROCESS
   **Requirement:** An honest, transformative personal sandplay process is the most significant, foundational requirement of the training sequence. The process must occur with an ISST member after that individual has achieved certified membership. A minimum of 40 sessions (not sand trays) are suggested for the completion of the personal sandplay process. Although no required number of sand trays is designated, it is generally felt that creation of a minimum of 30 sand trays is necessary to experience an in-depth sandplay process.

   **Time Frame:** Although it may overlap the completion of other training requirements, it is generally accepted that the best way to experience the sandplay process is prior to pursuing formal study of sandplay theory and practice.

   **To Document:** Submit the form letter from your STA/ISST therapist attesting to the dates of therapy and the completion of the minimum requirements. (Appendix D, #2).

   **Rationale:** Dora Kalff states, “The emphasis of the sandplay process is on the fullness or wholeness of the process.” As we are often asked for guidance and clarification, it seems helpful to provide our minimum expectations.

2. STUDY OF SANDPLAY THEORY AND PRACTICE
   **Requirement:** A comprehensive program of study including the following general conditions are required. The minimum total number of coursework hours is 120. The minimum hours of coursework in each content area are designated as follows:
   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)

   Please refer to the Sandplay Training Curriculum Guide (Appendix Page 34) for a more detailed listing of content areas and suggested themes for study.

   **Time Frame:** Introductory content may be studied prior to, or concurrently with, or after, experiencing the personal sandplay process. It is recommended that further study and clinical sandplay practice be delayed until after the personal sandplay process has been completed or is at least meaningfully underway.

   **To Document:** The applicant is responsible for maintaining a record of lectures, workshops, seminars, and conferences attended. The application requires submission of a list of training events attended including dates, location, presenter, and number of training hours awarded. Refer to the section below, Application to Become an STA/ISST Candidate).
3. CONSULTATION
   Requirement:
   (These requirements apply to ALL applicants regardless of the date of application.)
   Applicants are required to seek consultation from someone other than the therapist with whom they completed their sandplay process. Refer to Appendix: Consultation – Additional Information, page 35.
   a) A minimum of 80 hours of sandplay case consultation with an STA/ISST teaching member is required.
   b) At least 30 of these hours must be individual case consultation with an ISST Teaching Member, after that member has achieved Teaching Membership.
   c) The remaining hours may be obtained in the presentation of cases in group consultation with up to six participants (ten when attending a national or international conference), facilitated by an ISST Teaching Member. Fifty hours of group consultation may be counted provided the student presents his/her own material on at least 10 occasions within the group consultation hours.
   **Time Frame:** It is recommended that consultation be delayed until after the applicant’s personal sandplay process is complete or at least meaningfully underway.
   **To Document:** A letter (or signature) from the applicant’s primary consultant verifying the applicant’s total number of consultation hours accrued with all consultants must be submitted with the application. (see Appendix D) **Rationale:** The purpose of consultation is to facilitate the exploration and enhancement of one’s own work.

4. PRELIMINARY PAPERS
   **Requirements:** Submission and approval of two preliminary papers is required. Each paper must be approximately 10 double-spaced pages in length. One paper should be an in-depth exploration of a symbol, archetypal image, or theme. The second paper may be an exploration of another symbol or it may address any theoretical aspect of sandplay of interest to the applicant. Each paper should include the relevance of the topic to clinical sandplay practice. Each paper must be read and approved by an STA/ISST Teaching Member who is an approved reader (see list on page 41), and is not the personal process therapist or advisor. (Refer to Appendix: Preliminary Paper information, Checklist and Guidelines, pages 40-45.)
   **Time Frame:** Preliminary papers should be written after the applicant has completed a significant portion of his/her personal sandplay process, completed a significant portion of course study, and established a clinical sandplay practice. **The first paper must be read and approved prior to application for admission as a training candidate.**

5. CHOOSING AN ADVISOR
   **Requirement:** To become a candidate for membership, an applicant must choose an STA member as an advisor. The advisor must have held certified membership in ISST for at least two years prior to selection as an advisor, and may not have served as the applicant’s therapist. (Appendix Form 2.)
**Time Frame:** An advisor may be chosen at any point prior to formal application for membership candidacy. (Refer to Appendix: Advisor – Additional Information, Pages 46-50). Candidates are expected to check in with their advisors every six months as to their progress towards candidacy.

**To Document:** Designate on application form.

**Fee:** A fee of $100 is payable to the advisor at the time of application for Certified Membership.

---

6. **REQUIREMENTS FOR JUNGIAN ANALYSTS:** Fully qualified Jungian Analysts may undergo an adapted training for STA/ISST membership. This training must include, as a minimum:

1. Personal Sandplay process with an STA/ISST member.
2. 60 hours specific STA/ISST Certified Sandplay Training.
3. Clinical case supervision: 40 hours, of which 15 must be individual supervision hours. A maximum of 25 group supervision hours are acceptable. The candidate should present his/her own work in at least five of the group supervision sessions.
4. One relevant preliminary paper with Sandplay clinical material.
5. Submission of written clinical case study.
Chapter Three

PROCESS TO BECOME A CANDIDATE FOR STA/ISST CERTIFIED MEMBERSHIP

1. APPLICATION
   Requirements: To become a candidate for STA/ISST Certified Membership, an applicant must submit a formal application via PDF in an email to the STA Admissions Committee. Please email PDF to sta@sandplay.org and mail the application fee and four copies of the preliminary paper (see “k” below) to the STA office. The application may be mailed to the STA office, but PDF is preferred.

   The application is essentially a portfolio that must include the following:
   a) Completed application form. (Appendix Form 1)
   b) A brief, one paragraph autobiographical statement (Form 7).
   c) Documentation of post-graduate degree.
   d) Official post-graduate course transcripts.
   e) Copy of License and/or your state’s statutes verifying that licensure is not required. If there is no licensure, there should be documentation of 1) 2000 hours of supervised certified experience or 2) two years of supervised clinical experience or 3) professional accreditation (Appendix D, # 1).
   f) Copy of resume or curriculum vitae.
   g) Documentation of previous analysis and/or psychotherapy including dates and total number of hours.
   h) A letter from your ISST therapist verifying completion of, or engagement in, ongoing sandplay process. (Appendix D, #2)
   i) Documentation of a minimum of 120 hours of STA/ISST Certified Sandplay Training. These 120 hours must include the full minimum of 18 hours of introductory course content (Appendix D, #3).
   j) Documentation of at least 40 of the required 80 hours of consultation. (Appendix D, # 6)
   k) Four copies of the first required preliminary paper, along with the preliminary paper checklist showing approval from the reader.
   l) Copy of malpractice insurance.

2. ADMISSIONS INTERVIEW
   Requirement: Once submitted, the application will be reviewed by the Admissions Chair. The applicant will then be scheduled for an interview with an Advisory Committee appointed by the Admissions Committee. The committee will make a recommendation after the interview to the Admissions Chair regarding the readiness of the applicant to become a candidate.

   Time Frame: Interviews are generally scheduled in conjunction with STA conferences, Assemblies, Intensives, Membership meetings, and Board meetings. Once an applicant is admitted as a candidate for membership, his/her membership application will continue to be processed in accordance with the STA policies and procedures in effect as of the date of admission as a
candidate for membership. Recommendations of the Admissions Committee should be completed at this time.

3. ADVISOR - Candidates should check in with their advisor at least once every six months to review their process towards certified membership.
Chapter Four

TO BECOME AN STA/ISST CERTIFIED MEMBER

1. SPECIFICATIONS

   **Requirements:** To become an STA/ISST Certified Member the candidate must:
   a) Complete the remaining hours of STA/ISST Certified Sandplay Training and consultation hours.
   b) Complete and have two preliminary papers approved.
   c) Complete and submit the final case study to three readers, two national and one international. With the help of his or her advisor, the candidate should contact two of the principal national readers and one international reader. A reader may not have been the applicant’s therapist or consultant, or may not have had a personal relationship with the candidate. Once two national and one international reader are selected, the candidate sends a copy of the case to each with response forms, and includes self-addressed (postage paid in national cases) for the return of forms to his or her advisor and return of the case copies to the candidate. (Refer to Appendix: Case Report Process and Advisor Information - Advisor’s Role in the Case Report.)
   d) Be approved for certified membership by the readers of the case study.

   **Time Frame:** There is no time limit for completion of the final requirements for Certified Membership.

   **To Document:** Upon completion of requirements, Appendix D and documentation of the remaining requirements should be sent by PDF to sta@sandplay.org, or mailed to STA – Admissions, PO Box 4847, Walnut Creek, CA 94596 along with Form 6.
Chapter Five

PROCESS TO BECOME AN STA/ISST TEACHING MEMBER

Requirements for ISST/STA Teaching Member Status

An STA/ISST Teaching Member is not only a fine clinician and an excellent teacher, but also fulfills other requirements including: (a) demonstrating the capacity to prepare students for ISST membership in the tradition of Dora Kalff, (b) teaching students to use the Jungian/ISST approach to Sandplay, and (c) demonstrating knowledge of the requirements and procedures that students must follow in order to become ISST members. Specific requirements are:

1. Have a minimum of two years of experience conducting full Sandplay processes after ISST certification. Rationale: It is necessary to have further grounding in clinical practice after ISST certification to deepen experience and understanding of the responsibilities of a certified Sandplay therapist.

2. Attend an ISST congress, or national conference with international teaching members present, and present a paper; OR attend an ISST conference or national conference that includes international teaching members AND publish an article in a sandplay or other journal. Rationale: Attendance at international and national conference (s) with international presenters encourages a broader and deeper perspective. The capacity to present to one’s peers and colleagues and defend a viewpoint is an important aspect of Teaching Member status.

3. Prepare and present at least one additional clinical case in addition to the individual’s final case for ISST membership. This material may be presented at an STA or ISST conference, and/or used in co-teaching with a teaching member. In co-teaching, written feedback from the teaching member and students on at least two occasions, is recommended. Rationale: as 2 above.

4. Co-teach with a Teaching Member, preferably with two different teaching members. This teaching should include not only clinical presentation, but also coaching of trainees for STA/ISST requirements (e.g., preparing and writing a case for STA/ISST membership, writing a symbol paper and other requirements for STA/ISST membership). At least one of the co-teaching sessions should be STA/ISST Certified Sandplay Training at an introductory/fundamental level of Sandplay therapy. Rationale: This provides a demonstration of effective teaching skills and appropriate
content including knowledge of the Jungian theoretical base. Evidence: At least two written critiques of the teaching, provided by the Teaching Member, plus student feedback.

5. On two occasions co-facilitate with one or more ISST Teaching Members two sandplay consultation groups. Rationale: This provides an opportunity to develop consultation content and style. Evidence: Evaluation reports by ISST Teaching Members.

6. Be familiar with ISST Statutes, Rules of Procedures and Code of Ethics and pass them on to prospective students. Rationale: Such knowledge is important because Teaching Members can be approached by any potential students, including those from countries without National ISST Society, for advice or mentoring on working towards ISST Certification.

Time Frame: There is no deadline for the completion of these requirements. Individuals are encouraged to work towards meeting these requirements at a pace that is comfortable for them.

Procedure: The prospective Teaching Member is advised to identify an STA (CST-T) Teaching Member of at least two years standing to act as teaching consultant. The teaching consultant will advise and provide direction for applicants in their preparation to become a Teaching Member.

The consultant will also collate documentation and when all requirements are met satisfactorily will propose the applicant and forward documentation to the STA admissions chair. The chair will save the application in the member’s file and forward to the ISST certification committee. The teaching consultant will not necessarily fulfill the evaluation of all items 1-7 as these may be conducted by various Teaching Members.

The STA/ISST member wishing to prepare for Teaching Member status must make arrangements with Certified Teaching members to fulfill these requirements. Any costs that may be incurred are negotiated directly with the Teaching Members concerned. Arrangements for this are made directly with a Certified Teaching member.

August 2013
FORM 1

STA/ISST APPLICATION FOR CERTIFIED MEMBERSHIP

I hereby submit my application to be a candidate for certified 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 Certified and Teaching Membership Requirements and Procedures in the STA handbook, I submit the following information regarding my qualifications.

Please type or print.

1. Name______________________________

2. Personal Address _______________________

3. Business Address _______________________

4. Phone Numbers (Home) ___________ (Office) ___________

   Email ___________________________ (Fax) _______________________

5. Current Occupation _______________________

6. Date of Birth _______________________

   Place of Birth _______________________

   Male ___________ Female ___________

7. Licensure (required if appropriate in your state)

   State _________ License # _______ Year Obtained __________

   Most Recent Renewal _______________

To become a CST candidate, you must complete the following and fill in the appropriate sections of “Appendix D”. Appendix D is the form which must be used for STA/ISST. You must also submit relevant documentation. It may be best to use extra pages for the following items:
1. Personal Development (fill in on section # 1 of Appendix D)

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 you have had personal Sandplay process:

(Please have process therapist also sign #2 on Appendix D.)

2. Documentation of Sandplay theory and practice. (#3 on Appendix D)

Please provide documentation showing a minimum of 120 hours of STA/ISST Certified Sandplay Training in each of the following content areas:
   a) Introduction to Sandplay therapy – 18 hrs. minimum
   b) Certified Sandplay practice – 48 hrs. minimum
   c) Jungian theory – 18 hrs. minimum
   d) Symbolism – 18 hrs. minimum
   e) Electives – no minimum

3. Consultation: Individual and Group (ask primary consultant to sign #6 on Appendix D).

Please provide documentation showing a minimum of 80 hours of Sandplay case consultation with an ISST certified member. Show that at least 30 of these hours were individual consultation with an ISST Teaching member, after that member became a teaching member. **You must have completed ½ of this requirement to become a candidate.**

4. Please provide a signed copy of your Applicant/Advisor Agreement.

5. Preliminary Papers (fill in #s 4 and 5 on Appendix D).

With this application, please enclose **four** copies of the first required Preliminary Paper. Include a copy of the acceptance by the reader of the paper, along with their signature and date of acceptance.

6. Provide face sheet of current malpractice insurance.

I, the applicant, understand that any misrepresentation in the information about myself that I have supplied may jeopardize my application and my certified membership with the International Society of Sandplay Therapists.

Signed __________________________________________ Date ________________
Note: Please email a PDF of this application to sta@sandplay.org, including a list of your hours of training and consultation and any certificates of attendance and signed verification of consultation hours which you have accumulated. The application fee is $200, $100 to be sent to your advisor and $100 to STA. You must include a copy of the advisor agreement, signed by your advisor, with your application. Please initial here_____ to certify that you have paid your advisor the $100 advisor fee. Send four copies of the Preliminary Paper, along with a check in the amount of $100, payable to Sandplay Therapists of America:

STA - Admissions
PO Box 4847
Walnut Creek, CA 94596

Before submitting your final case paper, you must have completed all consultation hours and both preliminary papers. Please confer with your advisor to be sure these requirements are met before writing the final paper.
You will need to supply the following information upon completion of your candidacy to STA and to ISST. Appendix D must be filled out completely when submitting your final paperwork towards certification to ISST and STA.

Appendix D
Record of Training
and
Application for Membership
International Society of Sandplay Therapy

Appendix D has been developed: (1) to document your completion of ISST training requirements, and (2) to serve as the Application for Membership in ISST. An electronic form is available from the ISST Secretary at isst.sandplaysociety@gmail.com

To apply to become a Certified Member of STA/ISST, please complete all sections below. If necessary, you may attach supplemental information to clarify your responses or provide additional information. Please be aware that some items need Verification Signatures, specifically consultants for group and individual consultation, advisor for final case, and STA/ISST Advisor.

Please be specific and clear. Type or print your responses.

1. Curriculum Vitae (CV): In the space provided below, please provide information about your educational background, professional training program, licensure (if applicable), work experience in the field, and in-depth inner development and insight (such as may be achieved in experience of personal analysis or other disciplines leading to such development), together with. (If necessary, attach additional pages.)
## Educational Background

<table>
<thead>
<tr>
<th>College/University</th>
<th>Location</th>
<th>Date(s) Attended</th>
<th>Major/Subject</th>
<th>Degree, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Professional Training Program(s) (if different from above)

<table>
<thead>
<tr>
<th>Training Program</th>
<th>Location</th>
<th>Date(s) Attended</th>
<th>Major/Subject</th>
<th>Certification, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Classes or Workshops in Psychopathology, Diagnosis, and Psychotherapy

<table>
<thead>
<tr>
<th>Classes or Workshops</th>
<th>University or Program</th>
<th>Location</th>
<th>Date(s) Attended</th>
<th>Number of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Institutions or Clinics in which you gained your pre-licensure experience.

<table>
<thead>
<tr>
<th>Name of Personal or Professional Development</th>
<th>Location</th>
<th>Nature of the Work</th>
<th>Number of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Licensure (if applicable) or Accreditation

<table>
<thead>
<tr>
<th>Name of License</th>
<th>State or Country</th>
<th>Date Granted</th>
<th>Most Recent Renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evidence of having applied education, training, and/or license therapeutically in relation to others (post-licensure).

<table>
<thead>
<tr>
<th>Agency/Organization/Practice/Educational Institution</th>
<th>Location</th>
<th>Date(s)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**In-depth inner development and insight** (such as personal analysis or study of other disciplines leading to such development)

<table>
<thead>
<tr>
<th>Type of &quot;Inner Development&quot; (e.g., personal analysis)</th>
<th>Location</th>
<th>Date(s)</th>
<th>Number of Hours</th>
<th>Name of Therapist (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Additional forms of Personal or Professional Development (if applicable)

<table>
<thead>
<tr>
<th>Type of Personal or Professional Development</th>
<th>Location</th>
<th>Date(s)</th>
<th>Number of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Sandplay Process.** Must be with an ISST member. If possible, a personal process should precede a regular course of training. (If your sandplay process has been undertaken with more than one ISST member, please attach that information using the same format as below.)

Date process started ______________________ Date completed ______________________

Signature of ISST Therapist verifying above ________________________________

3. **Sandplay Training/Education.** Must be with ISST Teaching Members

   Requirement: Minimum of 120 hours of STA/ISST Certified Sandplay Training. These hours must be completed before submitting the Final Case to readers. Please list date of class/seminar, name of class, number of hours for each, and name of teacher(s). (If necessary, attach additional pages)
Date of Class/Seminar | Name of Class/Seminar | Number of Hours | Name of Teacher(s) |
--- | --- | --- | --- |

Date started to accumulate hours ______________ Date hours completed ______________

Signature of ISST Teacher verifying above _____________________________________________

4. **Symbol Paper 1** (from reference material, 10-20 pages) Title
   Date completed
   Signature of ISST Teacher verifying above _____________________________________________

5. **Symbol Paper 2** (with case material, 10-20 pages) Title
   Date completed
   Signature of ISST Teacher verifying above _____________________________________________

6. **Consultation.** A minimum of 80 consultation hours must be completed with at least two different consultants. Of the 80 hours, a minimum of 30 hours must be individual consultation. Fifty (50) hours of group consultation will be acceptable provided the student presents his/her own clients’ material for at least 10 hours within the group consultation hours.
   List the names of your ISST teachers who have provided **individual**, consultation, the number of individual hours with each teacher, and each teacher’s **signature of verification**.
<table>
<thead>
<tr>
<th>Print name of ISST Consultant for Individual Consultation.</th>
<th>Number of Individual Consultation Hours</th>
<th>Consultant’s Signature of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date started __________________________________________ Date completed __________________________

**Signature of ISST Teacher/Advisor verifying above ______________________________**

List names of your ISST Teachers who have provided **group** consultation, the number of hours you have received in group consultation from each of these teachers, the number of hours (with each teacher) you have presented your clients’ work during group consultation, and each teacher’s **signature of verification**. (Note: Individual Consultation Hours are not given for presenting in a group setting.)

<table>
<thead>
<tr>
<th>Print Name of ISST Consultant for Group Consultation.</th>
<th>Number of Group Consultation Hours</th>
<th>During group consultation, how many <strong>hours</strong> did you present your clients’ work?</th>
<th>Consultant’s Signature of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23
7. ISST Final Case
Reader 1
Reader 2
Reader 3
Date of Submission
Date of Result
Signature of Advisor

8. Verification of Applicant’s Background and Training
Applicant: Please sign below verifying that the information in this application correctly describes your relevant background, education, and training.

Signature of Applicant for ISST Membership
____________________________________________________   Today’s Date

Print Name of Applicant

____________________________________________________
Date Qualification Requirements started

____________________________________________________
Date Qualification Requirements completed

Signature of ISST Advisor verifying above
____________________________________________________   Today’s Date

Print Name of Advisor

RRM 4/07/12 updated 28thAug12
APPLICANT/ADVISOR AGREEMENT

Name of Applicant

Name of Advisor

With our signatures below, we acknowledge that the role of the advisor has been discussed along with the needs of the applicant, and we have agreed to work together according to the ISST certified member requirements. **The advisor agrees to be familiar with the duties of advisors, as described in the “Advisor Checklist”** (see Handbook).

Role of the Advisor

1. Acts as primary liaison between the applicant, STA and final case readers.
2. Reviews the candidate’s application to make sure all requirements are met and documentation has been provided prior to submission.
3. Is the preliminary contact for feedback and guidance on the choice of topic and format for the preliminary papers.
4. Assists with the selection of preliminary paper and final case readers.
5. Writes a letter of documentation in the case of an appeal.
6. Applicants are expected to check in with their advisor at least once every six months as to their progress towards candidacy.

The advisor is paid a $100 fee by the applicant at the time of application to STA. A copy of this agreement must accompany the application. If the applicant wishes to change advisors, then the applicant will sign a new agreement with the new advisor and pay the new advisor $100.00.

__________________________  ____________________________
Applicant Signature/Date     Advisor Signature/Date
Advisor checklist:

1. To be an advisor one must have two years of STA membership

2. To become a candidate, an applicant must send in the Advisor form. Both advisee and advisor sign the form and the applicant will send in to STA with his/her application. Payment of $100 is due to advisor from advisee.

3. Advisor will sign the Advisor form, acknowledging that s/he has read this Advisor Checklist. Advisee must initial on application that s/he has paid the advisor, and include the form if it has not already been sent in.

3. Download and be familiar with the guidelines for certified membership and teaching membership. Track email notifications of any changes as they occur.

4. Be familiar with appendix D portion of application to be sent to ISST

5. Check in with advisees as to progress every six months - may wish to use appendix D as a checklist to track progress with advisees

6. Inform candidate of application procedure. It is important that these steps be completed in order:
   a. submit application when 1/2 consultation hours and all education hours are complete and first paper is approved
   b. advisory interview
   c. discuss feedback from interview w/advisee
   d. write second paper
   e. complete hours and have all forms submitted to STA
   f. write case paper

7. Advise candidate that s/he may wish to present case material at an assembly when working on the final paper, to get feedback and help to formulate the case

8. Advisor may provide consultation on preliminary papers and case paper

9. Suggest preliminary paper readers, final case readers

10. When candidate submits second paper to reader, send the first preliminary paper evaluation and the advisory interview letter to the second reader. This is to ensure that recommendations as to training and any earlier evaluation is taken into account before the final paper is written.

11. Facilitate the acceptance/rewriting of final paper between readers and the candidate
AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, ____________________________________________________________________________ , hereby grant and authorize:

□ _____________________________________________________ (Sandplay Therapist)

□ Sandplay Therapists of America (STA)
   International Society for Sandplay Therapists (ISST)

To use all data (including photographs of sandplay images) in his/her casework with:

□ Myself

□ Minor Child of whom I am the parent or legally appointed guardian

For purpose of (please initial all that apply):

________________Research
________________Presentation at professional meetings
________________Training
________________Publications
________________Electronic publication (utilizing the internet)
________________Professional consultation

I understand that I/my child will be assigned a pseudonym (a different name) by the above-named therapist to protect privacy. The last name will not be used. This pseudonym will be: ____________________________________________

The present authorization will last indefinitely unless I revoke it in writing.

_____________________________________________________________________________________

_____________________________________________________________________________________

Signature  Date

________________________________Address : _____________________________________________

Printed Name

_____________________________________________________________________________________

Therapist / Witness  Date
FORM 4

FINAL CASE REPORT READER REQUEST

I ______________________________ am requesting that you read my final case report for membership in STA/ISST. Please return this form to me in the enclosed self-addressed envelope indicating your response.

Name of requested reader ______________________________

____ Yes, I will read your final case report.

____ No, I am not available to read your case report.

Signed ______________________________ Date ____________

(The candidate needs to send a copy of this signed form to their advisor and to the Admissions Chair, c/o STA, PO Box 4847, Walnut Creek, CA 94596.)

CANDIDATE’S ADVISOR INFORMATION

Advisor’s Name ______________________________

Advisor’s Address ______________________________

________________________________________________________________

See Chapter Four and Appendix page A17/35-40 and A18/41-43 for more information.
FORM 5

FINAL CASE REPORT READER ASSESSMENT

Name of Candidate

Name of Advisor

Address of Advisor

Date Received by Reader

Per the Certified and Teaching Member Requirements and Procedures, the following criteria for the Case Report must be met:

1. The Case Report includes a thorough presentation of a sandplay process.
2. The writing demonstrates a thorough understanding of sandplay process, sandplay theory, and symbolic process.
3. The writer demonstrates professional competence.
4. The writer demonstrates certified competence including an appreciation of co-transference.

Acceptance. I think this report meets the above guidelines.

Conditional. I have some questions I would like to have clarified by the applicant before I can make my evaluation.

Rejection. I think membership in ISST is not appropriate at this time. I recommend:

Reader ___________________________ Date ____________________

The Reader is asked to return this sheet to the Advisor, the STA Office, but not the Applicant. The Reader is asked to keep the Case Report safely until asked to return it to the Applicant.

See Chapter Four and Appendix pages 53-56 for more information.
FORM 6

New STA/ISST Certified Member Form
Sandplay Therapists of America

Candidate completed requirements for certified membership on _______ Day/Month/Year

Advisor Information:

Advisor’s Name__________________________________________________________

E-mail address or phone number___________________________________________

Advisor’s signature_________________________________________________________________

Certified Member Information:

Certified Member’s Name____________________________________________________

Street __________________________ City ________________________________

State/Province __________________________ Post code _________________________

Country ______________________________________________________________________

Business Phone Number _____________________________________________________

Home Phone Number _________________________________________________________

Fax Number ________________________________________________________________

E-mail Address __________________________________________________________________

Reader Information:

Reader No. 1_____________________________________________________________________

Reader No. 2 ___________________________________________________________________

Reader No. 3 ___________________________________________________________________

Please send the completed form to:

STA - Admissions
PO Box 4847
Walnut Creek, CA 94596
925-820-2109

Or fax to:

A copy of this form will be forwarded to ISST.
FORM 7

Autobiographical Statement

Once you have completed the requirements for Certified Teaching Member, 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.)
FORM 8
APPLICATION TO BE AN STA/ISST TEACHING MEMBER

Section I (to be filled out by candidate):

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

My teaching member consultant for this application is: ____________________________

(This cannot be your personal process therapist. The teaching member consultant must be a Teaching Member for at least two years.)

Consultant’s Address and email: ____________________________

Consultant’s Phone ________________________________

I submit the following information regarding my qualifications.

(Please type or print.)

1. Name_______________________________________________________
2. Address______________________________________________________
3. Email: ____________________________4. Phone____________________

Section II

1. Your teaching consultant will collate evidence of meeting requirements and send them to STA at sta@sandplay.org.
2. Date you became a certified member______________________________
   The initials of the client used for the final case for CST.________________
3. A. Presentation of at least one case at an international conference, or at a National conference where teaching members from other national societies are present:
   Title________________________________________________________
   Date ______________________Location ___________________________
   Initials of client(s) whose clinical material was used in this presentation____

   Or

B. Publication of article on sandplay and attendance at an international conference or a national conference where there were international teaching members present.

   Title, name of journal and date published__________________________
Name of Conference, date, and location of conference

4. Location and title of presentation of clinical case (in addition to final case for ISST membership):

Date: 

Name of co-teaching CST-T (if applicable):

Please include written feedback from CST-T and participants. This may be a co-teaching case, or a case presented at an international congress.

5. Co-teaching with a CST-T – please give dates and titles of two co-teaching sessions and name of co-teacher. At least one of these must be a fundamentals course including coaching trainees for CST requirements.

Dates

Titles

Name of co-teachers

Locations

- Personal Process therapist cannot act as any co-teacher. At least one Co-teaching should be done with a teaching member who has not supervised you in the past.

6. Co-facilitation of group consultation or clinical discussions:

Date: CST-T

Date: CST-T

7. Signature of CST verifying familiarity with STA/ISST statutes, procedures and code of ethics:
SECTION III (to be filled out by teaching member)

RECOMMENDATION FOR ADMISSION AS TEACHING MEMBER

1. Candidate completed requirements for ISST teaching membership on ________________.

2. I certify that the candidate has presented case material other than that relating to the client that was used in the final case used for ISST certification.

   Signature ____________________________ Date _________________

3. Teaching Consultant Information:
   Consultant’s Name__________________________________________

   Email, address, & phone #____________________________________

4. New Teaching Member Information:

   New Teaching Member’s Name_______________________________

5. Class Evaluation Information:
   A. Please summarize the results of the Fundamentals of Sandplay Therapy class evaluation forms and attach evaluations to this form.

   ____________________________________________________________

   ____________________________________________________________

   B. Please summarize written feedback of clinical case presentation (other than the final case) by teaching member and participants.

   ____________________________________________________________

   ____________________________________________________________

   C. Please attach co-facilitator evaluations for two consultation sessions. Co facilitators were ________________________________

   Please email this form as a PDF to sta@sandplay.org.
SECTION II (to be filled out by teaching member):

RECOMMENDATION FOR ADMISSION AS TEACHING MEMBER

Candidate completed requirements for ISST teaching membership on________________________

Teaching Consultant Information:
Consultant’s Name______________________________________________________________
E-mail address or phone number____________________________________________________

New Teaching Member Information:
New Teaching Member’s Name______________________________________________________

Class Evaluation Information:
Please summarize the results of the Introduction to Sandplay Therapy class evaluation forms and attach evaluations to this form.

____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

Please summarize written feedback of clinical case presentation by teaching member and participants (see section 1, #5):

____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

Please email this form as a PDF to sta@sandplay.org.
FORM 9

INTRODUCTION TO SANDPLAY
Course Evaluation

Please answer the following questions:

What was your primary reason for selecting this program? (Please circle all that apply.)

1. Deepen my understanding of sandplay
2. Reputation of leader(s)
3. Recommended by a colleague
4. Important to job activities
5. Subject was of interest

Other________________________________________________________________________

Please use the following key to answer questions 1 - 10:

Absolutely – 1; Somewhat – 2; Uncertain – 3; Probably not – 4; Absolutely not – 5

1. Was the course consistent with its objectives and title? _________
2. Was the course appropriately challenging? _________
3. Did the course expand your knowledge in this topic? _________
4. Was the course taught at the promised level? _________
5. Was material relevant to your professional activities? _________
6. Did the instructor know the subject matter? _________
7. Was the instructor well prepared? _________
8. Was the instructor attentive to questions? _________
9. Would you attend another course given by this instructor? _________
10. How would you rate the overall value of the program?

Excellent Good Fair Poor

Additional comments are welcome. Please use the space below or on the reverse side of this sheet.

See Chapter Five for more information.
FORM 10

SUMMARY OF TEACHING EVALUATION AND RECOMMENDATION FOR ADMISSION AS STA/ISST TEACHING MEMBER

Candidate completed requirements for STA/ISST teaching membership on__________

Teaching Consultant Information:
Consultant’s Name__________________________________________________________
E-mail address or phone number______________________________________________

New Teaching Member Information:
New Teaching Member’s Name__________________________________________________

Class Evaluation Information:
Please summarize the results of the Introduction to Sandplay Therapy class evaluation forms and attach evaluations to this form.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Add additional sheets for summary as needed.
I verify that the teaching member candidate has:

1. Become familiar with the sandplay curriculum
2. Has prepared at least three cases for presentation in addition to the case that is the subject of the final case report
3. Has presented at least one case at a regional, national or international conference
4. Has developed skills in consulting and reading of preliminary papers
5. Has taught at least one introductory class for a minimum of three hours and collected the required evaluation forms.

Teaching Consultant Signature______________________________Date________________

Please send the completed form as a PDF to sta@sandplay.org and mail a copy along with the evaluations to:

STA - Admissions
PO Box 4847
Walnut Creek, CA 94596

See Chapter Five for more information.
STA/ISST CERTIFIED TRAINING CURRICULUM GUIDE

Introduction to Sandplay Therapy
Includes, but is not limited to:
1. History and origins of sandplay.
2. Kalffian theory: meaning of the free and protected space, the role of the therapist, the healing nature of the sand itself.
4. Practical considerations: creating and maintaining the collection, record keeping, photography, tray specifications, sand and water.
5. Introduction of sandplay to clients.
6. Initial trays.
7. Importance of symbols and the symbolic language of the unconscious.
8. Introduction to exploration of symbols.
9. Stages and themes of the sandplay process.
10. Differentiation of Kalffian sandplay from other uses of the sandplay and figures.

Clinical Sandplay
Includes, but is not limited to:
1. In-depth sandplay case study.
2. Co-transference.
3. Work with children and parents.
5. Termination.
6. Understanding sandtrays.
8. Expanded discussion of sandplay process including transcendent function, relativization of the ego, constellation of the opposites, manifestation of the Self.
9. The appearance of the body and psychosomatic themes.

Symbolism
Includes, but is not limited to:
1. Religion.
2. Fairy tales.
3. Myths.
Consultation – Additional Information

- Group Consultation: The accrued hours should be with a minimum of two different teaching members.
- Individual Consultation: ISST prefers face-to-face consultation as much as possible. If there are geographical challenges, then up to 50 of the individual consultation hours can be obtained by phone or online.
- ISST will accept a maximum of 20 hours accrued for group consultation that is by phone or online according to the following conditions:
  
  ** All 20 hours must be completed with the same consultant and in the same group
  ** The first meeting of the group should be face-to-face
  ** The group maximum is four (4) people
  ** One presentation per session is allowed with a minimum of two hours for each session.
  ** It is required that each member has face-to-face individual consultation with the group consultant.

**NOTE:** “Consultation” for certified membership in ISST is not the same as “supervision” required for graduate degrees and/or licensure.
Preliminary Paper – Additional Information

Preliminary papers will be read using the following criteria:

1. Personal Relationship to Symbol/Subject
   The writer discusses his/her personal connection to the symbol/subject, including why he/she selected this symbol/subject plus how it is meaningful to the writer and how it has impacted the writer's personal and/ or professional life. The writer communicates a strong interest in the symbol/subject.

2. Amplification of Symbol/Subject
   The writer amplifies the symbol/subject through discussion of theory, mythology, fairy tales, art, dreams, religion, and/or views from various cultures/collectives, including the writer’s own culture. In a thoughtful, insightful, and competent manner, the writer surveys literature regarding the symbol/subject. The amplification catches the interest and imagination of the reader, and indicates a deepening of understanding. The writer adds value to the discussion through providing his/her own reflections, including the transformative nature of the symbol/subject.

3. Impact of Symbol/Subject in Sandplay
   The writer discusses the impact of the symbol/subject in sandplay, using hypothetical and/or actual sandplay scenes from his/her own experience. When discussing a symbol, the writer uses one to three photographs of sandplay scenes to competently describe how the symbol enhanced the therapeutic process of the sandplayer. When discussing a subject, the writer discusses how this information enhanced his/her knowledge about sandplay and how this knowledge might impact the sandplay process. The writer also indicates what types of investigation need to be done to further the understanding of the symbol/subject.

4. Mechanics of Symbol/Subject Paper
   The writer submits a paper that meets professional standards. The paper is well written with a logical structure, e.g., contains an introduction, middle and conclusion. Care is given to writing mechanics, e.g., correct spelling, sentence structure, and grammar. The format of the paper and references follow APA standards.

The applicant contacts a preliminary paper reader from the list in the appendix. The applicant may not have a dual relationship with the prospective preliminary paper reader. If the reader agrees to read the paper, the applicant mails the paper, along with the Preliminary Paper Assessment. The reader reads the paper and completes the assessment. All four areas of criteria must be rated as indicated on Form 5. Strengths and/or improvements may be indicated in each area. If approved, the reader writes “Approved” and dates the front page of the first paper, and along with Form 5, mails copies to the applicant, advisor and STA office. The reader is asked to return the paper to the applicant.

If the paper has been evaluated to be insufficient, the reader is asked to suggest corrective action for the applicant to take. The applicant can respond to the suggestions or find another reader. If the second reader also evaluates the paper as insufficient, a discussion will take place with the two readers and the advisor and
recommendations will be made to the applicant. If the applicant is dissatisfied with the final recommendations, an appeal can be made to the Exceptions Committee.

**Preliminary Paper Readers**

Requirements to be a Preliminary Paper Reader:
1. Must be a teaching member of STA.
2. Must be a member in good standing.
3. Must not have a dual role with the applicant.
4. Must have completed preliminary paper reading training (see members only page [http://www.sandplay.org/membersonly/index.htm](http://www.sandplay.org/membersonly/index.htm) for information.

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion Anderson</td>
<td><a href="mailto:marionanderson@mac.com">marionanderson@mac.com</a></td>
<td>310-752-6200</td>
<td>Malibu, CA</td>
</tr>
<tr>
<td>Nancy Burnett</td>
<td><a href="mailto:nancyburnettphd@mac.com">nancyburnettphd@mac.com</a></td>
<td>760-274-6176</td>
<td>Carlsbad, CA</td>
</tr>
<tr>
<td>Tessamarie Capitolo</td>
<td><a href="mailto:tcapitolo@sbcglobal.net">tcapitolo@sbcglobal.net</a></td>
<td>415-456-4448</td>
<td>San Rafael, CA</td>
</tr>
<tr>
<td>Maria Chiaia</td>
<td><a href="mailto:mchiaia@me.com">mchiaia@me.com</a></td>
<td>510-654-3281</td>
<td>Berkeley, CA</td>
</tr>
<tr>
<td>Joyce Cunningham</td>
<td><a href="mailto:Joycecunninghamjournalofsandplaytherapy@att.net">Joycecunninghamjournalofsandplaytherapy@att.net</a></td>
<td>415-668-8250</td>
<td>San Francisco, CA</td>
</tr>
<tr>
<td>Lauren Cunningham</td>
<td><a href="mailto:Lauren_c@pacbell.net">Lauren_c@pacbell.net</a></td>
<td>415-585-4551</td>
<td>San Francisco, CA</td>
</tr>
<tr>
<td>Regina Driscoll</td>
<td><a href="mailto:rmdriscoll@mac.com">rmdriscoll@mac.com</a></td>
<td>651-647-9780</td>
<td>St. Paul, MN</td>
</tr>
<tr>
<td>Lynne Ehlers</td>
<td><a href="mailto:lynne.ehlers@sbcglobal.net">lynne.ehlers@sbcglobal.net</a></td>
<td>510-388-7679</td>
<td>Albany, CA</td>
</tr>
<tr>
<td>Rosalind Heiko</td>
<td><a href="mailto:info@drheiko.com">info@drheiko.com</a></td>
<td>919-858-9692</td>
<td>Cary, NC</td>
</tr>
<tr>
<td>Grace Hong</td>
<td><a href="mailto:hong2298@ms43.hinet.net">hong2298@ms43.hinet.net</a></td>
<td>651-636-7064</td>
<td>New Brighton, MN</td>
</tr>
<tr>
<td>Betty Jackson</td>
<td><a href="mailto:bettyjcjackson@mac.com">bettyjcjackson@mac.com</a></td>
<td>717-519-9129</td>
<td>Christiana, PA</td>
</tr>
<tr>
<td>Jill Kaplan</td>
<td><a href="mailto:jillkk@att.net">jillkk@att.net</a></td>
<td>650-364-4670</td>
<td>San Jose, CA</td>
</tr>
<tr>
<td>Jacquelyn Kelley</td>
<td><a href="mailto:jkelley200@aol.com">jkelley200@aol.com</a></td>
<td>469-667-9413</td>
<td>Plano, TX</td>
</tr>
<tr>
<td>Ellen Searle LeBel</td>
<td><a href="mailto:ellen@temenostherapy.com">ellen@temenostherapy.com</a></td>
<td>707-826-7900</td>
<td>Arcata, CA</td>
</tr>
<tr>
<td>Debbie Mego</td>
<td><a href="mailto:debbiemego@aol.com">debbiemego@aol.com</a></td>
<td>310-459-0400</td>
<td>Santa Monica, CA</td>
</tr>
<tr>
<td>Joe Meyer</td>
<td><a href="mailto:joemeyer@amerytel.net">joemeyer@amerytel.net</a></td>
<td>715-268-4743</td>
<td>Amery, WI</td>
</tr>
<tr>
<td>Gita Moreno</td>
<td><a href="mailto:gitam@mac.com">gitam@mac.com</a></td>
<td>619-328-9020</td>
<td>Lakeside, CA</td>
</tr>
<tr>
<td>Dan Nelson</td>
<td><a href="mailto:nelson@siena.edu">nelson@siena.edu</a></td>
<td>518-786-5065</td>
<td>Loudonville, NY</td>
</tr>
<tr>
<td>Linda Nelson</td>
<td><a href="mailto:sandplaysw@gmail.com">sandplaysw@gmail.com</a></td>
<td>505-553-0722</td>
<td>Albuquerque, NM</td>
</tr>
<tr>
<td>Audrey Punnett</td>
<td><a href="mailto:apunnett@mac.com">apunnett@mac.com</a></td>
<td>559-225-8963</td>
<td>Fresno, CA</td>
</tr>
<tr>
<td>Trudy Corry Rankin</td>
<td><a href="mailto:trudycorryrankin@gmail.com">trudycorryrankin@gmail.com</a></td>
<td>863-682-2810</td>
<td>Lakeland, FL</td>
</tr>
<tr>
<td>Ellen H. Saul</td>
<td><a href="mailto:Esaul.assoc@gmail.com">Esaul.assoc@gmail.com</a></td>
<td>507-334-9117</td>
<td>Faribault, MN</td>
</tr>
<tr>
<td>Laura Soble</td>
<td><a href="mailto:laura@laurasoble.net">laura@laurasoble.net</a></td>
<td>510-527-1501</td>
<td>Oakland, CA</td>
</tr>
<tr>
<td>Sarah (Sally) Sugatt</td>
<td><a href="mailto:ssugatt@comcast.net">ssugatt@comcast.net</a></td>
<td>603-778-3180</td>
<td>Exeter, NH</td>
</tr>
</tbody>
</table>

Updated 09/22/17
FORM 5

PRELIMINARY PAPERS
CHECKLIST
(Each paper must have different reader)
Preliminary Paper Reader’s Name:  

Applicant’s Name:  

Advisor’s Name:  

Please check if this is your first preliminary paper ____or second paper ____.

If it is your second paper, please check if you have completed your advisory interview, and note the date: ____________

Note: Completion of advisory interview is a prerequisite to acceptance of the second preliminary paper.

<table>
<thead>
<tr>
<th>Knowledge of theory as relates to symbols</th>
<th>Strongly Meets Criterion</th>
<th>Meets Criterion</th>
<th>Needs Improvement</th>
<th>Fails to Meet Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates use and knowledge of Jungian theory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates use and knowledge of Margaret Lowenfeld &amp; Dora Kalff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates use and knowledge of Asian roots</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal relationship to the symbol</th>
<th>Strongly Meets Criterion</th>
<th>Meets Criterion</th>
<th>Needs Improvement</th>
<th>Fails to Meet Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discusses personal connection to symbol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates interest in symbol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>States how and why this symbol was selected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>States why symbol is meaningful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>States how impacted personal/professional life</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amplification of symbol</th>
<th>Strongly Meets Criterion</th>
<th>Meets Criterion</th>
<th>Needs Improvement</th>
<th>Fails to Meet Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amplifies symbol through use of fairy tale, myth, art, dreams, religion, culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates understanding of symbol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviews related literature</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provides transformative understanding of the transformative nature of symbol

Provides reflections on the symbol

<table>
<thead>
<tr>
<th>Impact of symbol in sandplay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discusses impact using hypothesis or actual sandplay scenes</td>
</tr>
<tr>
<td>Includes one to three (maximum) photographs of sandplay scenes describing how symbol enhanced the process</td>
</tr>
<tr>
<td>Discusses how information portrayed in sandplay scene enhanced his/her knowledge</td>
</tr>
<tr>
<td>Discusses how information impacted sandplay process</td>
</tr>
<tr>
<td>Discusses further means for investigation of symbol</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mechanics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Papers meets professional writing standards in the latest edition of APA guidelines</td>
</tr>
<tr>
<td>Paper is well written with correct spelling, sentence structure and grammar</td>
</tr>
</tbody>
</table>

Comments:

Complete this Checklist and forward the completed form as a PDF to the applicants's and STA office via email sta@sandplay.org

It may also be faxed or mailed to the STA office (PO Box 4847, Walnut Creek, CA 94596 or fax 925-820-2109.)
PRELIMINARY PAPER GUIDELINES

Preliminary papers will be read using the following criteria:

1. Knowledge of Theory as it Relates to Symbols

   The writer demonstrates the use and knowledge of Jungian theory including elements in the conscious (main functions, auxiliary functions, attitude type) and unconscious (personal unconscious, collective unconscious, shadow, anima/animus, complexes, archetype, Self, synchronicity, symbol). Demonstrates the use and knowledge of Margaret Lowenfeld and Dora Kalff. Demonstrates use and knowledge of Asian roots and its application to Sandplay Therapy.

2. Personal Relationship to Symbol/Subject

   The writer discusses his/her personal connection to the symbol/subject, including why he/she selected this symbol/subject plus how it is meaningful to the writer and how it has impacted the writer’s personal and/or professional life. The writer communicates a strong interest in the symbol/subject.

3. Amplification of Symbol/Subject

   The writer amplifies the symbol/subject through discussion of theory, mythology, fairy tales, art, dreams, religion, and/or views from various cultures/collectives, including the writer’s own culture. In a thoughtful, insightful, and competent manner, the writer surveys literature regarding the symbol/subject. The amplification catches the interest and imagination of the reader, and indicates a deepening of understanding. The writer adds value to the discussion through providing his/her own reflections, including the transformative nature of the symbol/subject.

4. Impact of Symbol/Subject in Sandplay

   The writer discusses the impact of the symbol/subject in sandplay, using hypothetical and/or actual sandplay scenes from his/her own experience. When discussing a symbol, the writer uses one to three photographs of sandplay scenes to competently describe how the symbol enhanced the therapeutic process of the sandplayer. When discussing a subject, the writer discusses how this information enhanced his/her knowledge about sandplay and how this knowledge might impact the sandplay process. The writer also indicates what types of investigation need to be done to further the understanding of the symbol/subject.
5. Mechanics of Symbol/Subject Paper

The writer submits a paper that meets professional standards. The paper is well written with a logical structure, e.g., contains an introduction, middle and conclusion. Care is given to writing mechanics, e.g., correct spelling, sentence structure, and grammar. The format of the paper and references follow APA standards.

The applicant contacts a preliminary paper reader from the list below. The applicant may not have a dual relationship with the prospective preliminary paper reader. If the reader agrees to read the paper, the applicant mails the paper, along with Appendix Form 5. The reader reads the paper and completes the assessment. All four areas of criteria must be rated as indicated on Form 5. Strengths and/or improvements may be indicated in each area. If approved, the reader writes “Approved” and dates the front page of the first paper, and along with Form 5, mails copies to the applicant, advisor and STA office. The reader is asked to return the paper to the applicant.

If the paper has been evaluated to be insufficient, the reader is asked to suggest corrective action for the applicant to take. The applicant can respond to the suggestions or find another reader. If the second reader also evaluates the paper as insufficient, a discussion will take place with the two readers and the advisor and recommendations will be made to the applicant. If the applicant is dissatisfied with the final recommendations, an appeal can be made to the Exceptions Committee.
Advisor – Additional Information

Requirements and Role of the Advisor:
1. Must be a certified member for at least two years.
2. Cannot be the process therapist; may be a consultant to the applicant.
3. Must be a member in good standing.
4. Is the primary liaison between the applicant and STA. Applicant is expected to check in with advisor once every six months as to his/her progress towards candidacy (see “Advisor Checklist” following Applicant/Advisor Form 2).
5. Maintain a confidential file of all correspondence and notes of telephone calls, etc., during the advisory process, and, in case of non-acceptance, for five years afterwards.
6. Reads and checks the application.
7. Is the primary contact for feedback and guidance on the choice of topic and format of the preliminary paper.
8. Assists the applicant to select preliminary and final case readers.
9. If requested, writes a letter to STA if the applicant submits and appeal.

Advisor’s Role in the Final Case Report Process:
1. Helps the candidate understand and follow instructions for preparing and submitting the case report.
2. Offers help in selecting approved readers of case reports.
3. Helps readers and candidate agree in advance regarding the amount of time needed for reading and evaluation; normally the case should be evaluated and returned to the candidate within a two-month period.
4. Reminds the candidate to send a copy of the signed reader agreement forms or letters from each of the readers who have agreed to read the case report to you, the advisor, for the confidential file and to the STA office.
5. Reminds the candidate that the cover letter to readers should include the following information:
   a. That approval or non-approval of a case should be sent directly to the advisor, not to the candidate, and
   b. That after the case has been sent to the readers, all communications to the readers should go through the advisor, not the candidate.
6. Facilitates time frame difficulties. If, during the process, it appears that a reader cannot evaluate the case within a two-month time frame, the advisor should explore the difficulty with the reader. In some cases, the advisor may need to consult with the candidate about the problem, and perhaps advise the candidate to select a different reader.
7. Communicates with readers. The advisor, not the candidate, communicates with readers once readers have received the case.
   8. Ask final case readers to prepare a summary of their comments to be sent to ISST with Appendix D when application is completed. The case readers will decide among themselves who will submit this summary.

All readers’ evaluations must be received before the advisor informs the candidate of the results. Normally the advisor does not identify the source of specific comments. A
reader may choose to send his/her individual comments to the candidate after the evaluation process has been completed.

Depending on the outcome of the evaluations, the advisor follows one or more of these procedures:

1. If the advisor received evaluations from the two STA readers that do not agree or two readers check “Conditional Acceptance”, the advisor informs the two readers so that they can talk by telephone or in person about their evaluations.

2. If the advisor receives “Accept” evaluations from all three readers, the advisor:
   a. Informs the candidate of his/her acceptance as a certified member.
   b. Notifies the STA office in writing, using Form 10, of the acceptance of the candidate for certified membership; the STA office notifies the STA Board of Trustees and the secretary of ISST.
   c. Alerts the applicant that he/she will receive certifying letters from STA and ISST.
   d. Reminds the candidate that once these letters are received he/she will be invoices for STA membership dues, and will need to submit a copy of his/her malpractice insurance cover sheet long with a signed malpractice insurance agreement, a signed Code of Ethics agreement, as well as how the candidate wants him/herself listed on the membership roster.

3. If the advisor received two “Accept” evaluations with a single “Conditional Acceptance” evaluation, a conference of the three readers, usually by telephone, is required to work toward a consensus. If none is reached, the majority rules.
   a. If the consensus or majority is an acceptance, advisor follows the procedure in #2 above.
   b. If the consensus or majority is a rejection, follow #4 below.
   c. If the consensus is conditional, follow #5 below.

4. If the advisor receives three “Reject” evaluations, or two “Reject” and one “Conditional Acceptance” evaluations, the advisor requests that the three readers confer and author one letter signed by all three readers with their impressions of the case and rationale about why this case report was not accepted.
   a. The advisor informs the candidate that the case was not accepted, and gives the letter from the three readers to the candidate.
   b. Not accepting the case implies that it cannot be accepted at this time, even in a revised form, and that, for the next application, either the case itself, e.g., the client’s sandplay process had not been completed, or the case report needs to be altered in a major way or a new case study needs to be written.
   c. The advisor informs the STA office of the final results.
   d. The candidate must wait at least one year before submitting a revised or new case report. The year begins from the date of the letter that cites the rationale for not accepting the case report.
   e. A total of two re-submissions can occur. The paper must be resubmitted to the same readers.

5. If the advisor received any other combination of evaluations, e.g., evaluations other than the ones mentioned above:
a. The advisor requests that the readers send a synopsis of their concerns and questions to the advisor who will send copies of these to the other readers.

b. The three readers then confer and author one letter signed by all three readers with the agreed upon concerns, questions, and changes they wish the candidate to address.

c. The advisor then presents this letter to the candidate, who responds to the requests by resubmitting his/her case with the agreed upon changes.

d. After reading the resubmitted paper, the readers notify the advisor of their evaluations on the changes.

e. If a consensus is not reached, then the majority rules – see above.

In all instances, the advisor informs all the readers of the final results regarding the candidate’s case report and requests that they return the case report to the candidate with comments and suggestions.
ADVISORY INTERVIEW GUIDELINES

PURPOSE
The purpose of the advisory interview is to provide helpful, constructive feedback to applicants in order to assist them in acquiring thorough, well-rounded, integrated training in sandplay, which will lead to successful completion of requirements for membership in STA/ISST.

PROCEDURE
The steps in the advisory interview process are as follows:
1. The applicant’s application materials are sent to the committee members for review prior to the interview.
2. The interview committee convenes at the scheduled time, or a few minutes before, if possible. The chairperson assumes the role of greeting the applicant and explaining the procedure.
3. The interview proceeds with the chairperson taking the lead in facilitating questions and discussion. Make sure there is an opportunity for the applicant to ask any questions he/she may have. This segment usually lasts 30-45 minutes.
4. The chairperson asks the applicant to wait outside the room for 10-15 minutes while the committee discusses impressions and formulates recommendations.
5. The applicant is invited back in the room for the sharing of feedback and recommendations. Make sure the applicant’s strengths are noted in addition to areas that the committee feels need further development. Allow 10-15 minutes for this segment.
6. After the applicant leaves, the committee composes a letter summarizing the committee’s impressions. This letter should include a statement of thanks for the time and energy taken to attend the interview, comments on the applicant’s strengths, comments on aspects of training needing further development, and recommendations for addressing those. The chairperson assumes responsibility for making sure a copy of this letter is sent to the applicant, her/his advisor, the chairs of the Advisory/Admissions committee and the STA office for the applicant’s file.
7. The chairperson collects all copies of the applicant’s application and returns them to the applicant.

CRITERIA
The following criteria may be looked for in assessing an applicant undergoing an advisory interview:
1. Indication that the applicant’s connection to sandplay is a deep and personal one, conveying the sense that they would have pursued the experience and study of sandplay in spite of membership requirements, that it has not been merely an academic exercise.
2. Indication that the applicant is committed to ongoing personal growth and conveys an honest attitude of being in process, on a path so to speak.
3. Indication that the applicant understands the theory and process of sandplay and is able to articulate it in a clear, cohesive way. This should include a clear grasp of concepts of Jungian psychology and the ability to apply Jungian theory.
to sandplay process. It should also include an ability to discriminate between Kalffian sandplay and other sandtray methods.

4. Evidence that the applicant’s training is proceeding towards a well-rounded cohesive whole.

5. Evidence that the applicant is practicing sandplay in a professional manner, appropriately contained and respectful of certified boundaries.

PLEASE RETURN PAPERS TO THE CANDIDATE AT THE END OF THE INTERVIEW.
Final Case Report Process Information

The candidate prepares three unbound copies or an original final case report of a client who has gone through a sandplay process accompanied by the candidate.

1. the final case report should include a full presentation of the sandplay process.
2. the writing should demonstrate certified and professional competence in sandplay process, theory, and symbols, and an understanding of co-transference.

In preparing the final case, the candidate should:

1. submit a report of no more than 40 pages of written text.
2. affix prints of each sandplay scene (labeled with date and tray number) to the relevant text, in each copy of the report.
3. include a one or two page summary at the end of the report.
4. include a copy of the STA Permission Grant (Form 7), completed by the client or parent of each case report. The original form should be retained in the candidate’s files.
5. under no circumstances should the client’s real identity be disclosed either on the copies submitted to the readers or in other communication.

When the candidate believes that his/her final case report is ready for reading and evaluation, he/she contacts three approved readers (two from STA and one international member) to determine if they are able to read and evaluate the case report. A reader may not have been the candidate’s therapist, consultant, or have had a personal relationship with the candidate.

Normally, the final case would be read, evaluated, and returned to the candidate within a two-month period. If one or more readers are unable to meet the two-month goal, then other readers should be contacted.

The candidate should obtain a signed form (Form 8) from each reader agreeing to read. A copy of each agreement should be sent to both the STA office and advisor for inclusion in the candidate’s confidential file.

In sending the final case report to each reader, the candidate should:

1. include a self-addressed, stamped post card to acknowledge receipt of the final case study.
2. enclose a check for $100.00 made payable to the reader. The international reader should be asked how he/she would like to be paid.
3. include a copy of the “Final Case Report Reader Assessment” form (Form 9). The candidate should complete the top part of this form.
4. enclose a large self-addressed, stamped envelope, if the candidate wishes his/her final case report to be returned.

After the candidate has submitted the final case report to the readers, contact with the readers is made only through the candidate’s advisor. The candidate does not contact the reader directly.
The advisor informs the candidate of the decision of the readers and emails or faxes to the STA office the completed “New Certified Member Form” (Form 10).

### Final Case Readers Within the U.S.:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Elaine</td>
<td>Bath</td>
<td>707-399-4914</td>
<td><a href="mailto:elainebath@mac.com">elainebath@mac.com</a></td>
</tr>
<tr>
<td>Tessamarie</td>
<td>Capitolo</td>
<td>415-456-4448</td>
<td><a href="mailto:tcapitolo@sbcglobal.net">tcapitolo@sbcglobal.net</a></td>
</tr>
<tr>
<td>Maria Ellen</td>
<td>Chiaia</td>
<td>510-654-3281</td>
<td><a href="mailto:mchiaia@me.com">mchiaia@me.com</a></td>
</tr>
<tr>
<td>Lauren</td>
<td>Cunningham</td>
<td>415-585-4551</td>
<td><a href="mailto:lauren_c@pacbell.net">lauren_c@pacbell.net</a></td>
</tr>
<tr>
<td>Harriet</td>
<td>Friedman</td>
<td>310-277-9503</td>
<td><a href="mailto:shrinks2@sbcglobal.net">shrinks2@sbcglobal.net</a></td>
</tr>
<tr>
<td>Rosalind</td>
<td>Heiko</td>
<td>919-858-9692</td>
<td><a href="mailto:info@drheiko.com">info@drheiko.com</a></td>
</tr>
<tr>
<td>Liza</td>
<td>Ravitz</td>
<td></td>
<td><a href="mailto:Dr.ravitz@gmail.com">Dr.ravitz@gmail.com</a></td>
</tr>
<tr>
<td>Sachiko</td>
<td>Taki Reece</td>
<td>323-661-5297</td>
<td><a href="mailto:Takisan2@mac.com">Takisan2@mac.com</a></td>
</tr>
<tr>
<td>Barbara</td>
<td>Weller</td>
<td>218-525-1950</td>
<td><a href="mailto:bwell5170@msn.com">bwell5170@msn.com</a></td>
</tr>
<tr>
<td>Judy</td>
<td>Zappacosta</td>
<td>831-359-1980</td>
<td><a href="mailto:zappaj@sbcglobal.net">zappaj@sbcglobal.net</a></td>
</tr>
</tbody>
</table>

Updated 08-03-16
## Final Case Readers International:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruth</td>
<td>Ammann</td>
<td>+41 1 262-3437</td>
<td><a href="mailto:Ruth.Ammann@gmx.ch">Ruth.Ammann@gmx.ch</a></td>
</tr>
<tr>
<td>Rosa</td>
<td>Napoliello Balfour</td>
<td></td>
<td><a href="mailto:Rosa.napoliello@alice.it">Rosa.napoliello@alice.it</a></td>
</tr>
<tr>
<td>Margaret</td>
<td>Baron</td>
<td>+44 20 7431 1262</td>
<td><a href="mailto:Maggie.baron@blueyonder.co.uk">Maggie.baron@blueyonder.co.uk</a></td>
</tr>
<tr>
<td>Nehama</td>
<td>Baum</td>
<td>416-630-2222</td>
<td><a href="mailto:nehama@rogers.com">nehama@rogers.com</a></td>
</tr>
<tr>
<td>Wilma</td>
<td>Blotto-Bosio</td>
<td>+39 011 597-525</td>
<td><a href="mailto:wbosio@hotmail.com">wbosio@hotmail.com</a></td>
</tr>
<tr>
<td>Sylvia</td>
<td>Simony-Elmer</td>
<td></td>
<td><a href="mailto:s.simonyi@sympatico.ca">s.simonyi@sympatico.ca</a></td>
</tr>
<tr>
<td>Dr. Alexander</td>
<td>Esterhuyzen</td>
<td></td>
<td><a href="mailto:alexe@btinternet.com">alexe@btinternet.com</a></td>
</tr>
<tr>
<td>Kazumiko</td>
<td>Higuchi</td>
<td>+81 774 25 2896</td>
<td><a href="mailto:tbe00115@nifty.ne.jp">tbe00115@nifty.ne.jp</a></td>
</tr>
<tr>
<td>Dr. Ulrike</td>
<td>Hinsch</td>
<td></td>
<td><a href="mailto:ulrikehinsch@t-online.de">ulrikehinsch@t-online.de</a></td>
</tr>
<tr>
<td>Diana</td>
<td>Jansen</td>
<td>+44 1661 886-200</td>
<td><a href="mailto:Diana.Jansen@btinternet.com">Diana.Jansen@btinternet.com</a></td>
</tr>
<tr>
<td>Martin</td>
<td>Kalff</td>
<td>(01) 3391 81 66</td>
<td><a href="mailto:m.kalff@freesurf.ch">m.kalff@freesurf.ch</a></td>
</tr>
<tr>
<td>Maria</td>
<td>Kendler</td>
<td></td>
<td><a href="mailto:mkendler@bluewin.ch">mkendler@bluewin.ch</a></td>
</tr>
<tr>
<td>Sigrid</td>
<td>Lowen-Seifert</td>
<td></td>
<td><a href="mailto:siloewen@t-online.de">siloewen@t-online.de</a></td>
</tr>
<tr>
<td>Talamini</td>
<td>Milvia</td>
<td></td>
<td><a href="mailto:Metis.it@fastwebnet.it">Metis.it@fastwebnet.it</a></td>
</tr>
<tr>
<td>Andreina</td>
<td>Navone</td>
<td></td>
<td><a href="mailto:a.navone@tiscalinet.it">a.navone@tiscalinet.it</a></td>
</tr>
<tr>
<td>Christine</td>
<td>Remus - Everling</td>
<td></td>
<td><a href="mailto:cweverling.hamburg@t-online.de">cweverling.hamburg@t-online.de</a></td>
</tr>
<tr>
<td>Claudio</td>
<td>Risé</td>
<td>011-39-2-545-6669</td>
<td><a href="mailto:clausert@iol.it">clausert@iol.it</a></td>
</tr>
<tr>
<td>Ana Maria</td>
<td>Colicchio Lopes Sbrissa</td>
<td></td>
<td><a href="mailto:amclsbrissa@terra.com.br">amclsbrissa@terra.com.br</a></td>
</tr>
<tr>
<td>Lenore</td>
<td>Steinhardt</td>
<td></td>
<td><a href="mailto:las@post.com">las@post.com</a></td>
</tr>
<tr>
<td>Vera</td>
<td>Von Braunbehrens</td>
<td>+49 8178-3560</td>
<td><a href="mailto:320028961998-001@t-online.de">320028961998-001@t-online.de</a></td>
</tr>
<tr>
<td>Brenda</td>
<td>Weinberg</td>
<td>416-445-6404</td>
<td><a href="mailto:brejeberg@gmail.com">brejeberg@gmail.com</a></td>
</tr>
<tr>
<td>Yasuhiro</td>
<td>Yamanaka</td>
<td>774- 242-239</td>
<td>-</td>
</tr>
</tbody>
</table>
Requirements to become an ISST/STA Final Case Reader:
1. Ten years as CST member, with a minimum of 8 years as a Teaching Member. Mentoring to become a final case reader can begin after being a teaching member for eight years.
2. Mentoring by one case reader.
3. Four final case reports will be read with the mentor.
4. Mentor shall notify the Admissions Chair when member has completed above requirements and is eligible to be a final case reader.
Exceptions Information

An applicant or candidate may request an exception to any STA policy or procedure; however, an exception will not be granted for the following requirements:

1. a sandplay process with an STA/ISST certified member or certified teaching member.
2. The required number of consultation hours with an STA/ISST certified teaching member.

Consultation Requirement: Applicants are required to seek consultation from someone other than the therapist with whom they completed their sandplay process.

A request for an exception to this requirement may be made before one becomes a candidate, as the process and consultation hours must be completed before filing the application for certified sandplay therapist (CST). This rule is based on Ethics in Sandplay and a sensitivity to the issue of dual relationships.

To request an exception, put your request for an exception in writing and mail to the STA office. It will then be forwarded to the Exceptions Committee for review.

STA - Exceptions
PO Box 4847
Walnut Creek, CA 94596
SANDPLAY PRACTITIONER REQUIREMENTS

Chapter Six

PREREQUISITES AND TRAINING REQUIREMENTS

The SANDPLAY PRACTITIONER category of membership responds to an expressed need of STA members to recognize professionals who have completed a personal process and some sandplay training. This membership category is offered to those interested in offering sandplay within the scope of their license and training. It is also recognition of partial fulfillment of the requirements to become a Certified Sandplay Therapist (CST) and/or Certified Sandplay Therapist - Teacher (CST-T).

A Sandplay Practitioner may provide sandplay in his or her work without supervision and advertise appropriately (e.g., on business cards) that he or she is recognized by Sandplay Therapists of America as a Sandplay Practitioner. A personal sandplay process or training hours provided by a Sandplay Practitioner cannot be counted towards membership in STA at the practitioner or certified levels of membership.

Prerequisites

Applicants must:

- Hold, in the United States, a valid state license or credential as a mental health professional or a professional license, credential, certificate, or equivalent in an allied field, such as nursing, teaching, or spiritual direction.
- Hold a commitment to in-depth inner development and insight as gained through analysis and/or psychotherapy.

Training Requirements

1. Complete a sandplay process with an STA/ISST Certified Sandplay Therapist (CST) or Certified Sandplay Therapist – Teacher (CST-T). An honest, transformative personal sandplay process is the most significant, foundational requirement of the training sequence. The process must occur with a CST or CST-T after that individual has achieved certified status.

2. Complete a minimum of 36 hours of CST/ISST Certified Training with a CST-T or at an STA-sponsored conference, seminar, or workshop, including 18 hours of an introductory course in sandplay. Twelve (12) of the 36 hours may be earned through field-tested, STA-approved on-line courses.

3. Participate in group consultation with a CST-T for a minimum of 25 sessions in which the applicant presents at least five hours of sandplay case material in individual sandplay consultation for a minimum of 15 hours or in a combination of group and individual consultation sessions for a total of 20 sessions. If an individual applicant selects a combination of individual and group consultation sessions, at least two hours of every 10 hours of group consultation must be presentation hours by the applicant.

4. Applicants are required to seek consultation from someone other than the therapist with whom they completed their sandplay process.
5. Work with a minimum of three clients or students per week, who engage with sandplay on a regular basis, for a minimum of one year (nine months for school counselors) under the consultation of a CST-T.

6. Applicants may select an STA certified member as advisor during their training process (please see Applicant/Advisor agreement under Certified Requirements and submit Form 2).
Application for Membership as a Sandplay Practitioner

1. Complete the “Application for Membership as a Sandplay Practitioner” available in the handbook (following pages) or via website: www.sandplay.org

2. Please send completed application via PDF to sta@sandplay.org. The application may also be mailed to: Sandplay Therapists of America, PO Box 4847, Walnut Creek, CA 94596.

Application requires:

   (1) Proof of attendance at seminars, such as certificates and/or letters for classroom time.
   (2) Completed form from certified member verifying sandplay process.
   (3) Completed form from certified member(s) verifying:
       Dates and number of consultation hours,
       Number of sandplay clients or students per week
       Readiness to practice sandplay without supervision.
   (4) Letters of recommendation from two certified member(s).
   (5) Proof of malpractice insurance

3. Pay annual dues

A reminder: The name Sandplay Practitioner is a category of membership conferred by STA and can be used only when current annual dues are paid.
Chapter Seven

APPLICATION FOR SANDPLAY PRACTITIONER INCLUDING FORMS

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 send application as PDF to sta@sandplay.org (or mail the completed application to STA office).

1. Name___________________________________________

2. Address___________________________________________

3. (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 an STA/ISST Certified Sandplay Therapist (CST) or STA/ISST 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 C**.

b) Group consultation with a CST-T for a minimum of 25 hours (50-60 minutes) in which the applicant presented at least 5 hours of sandplay case material or
participated in individual sandplay consultation for a minimum of 15 hours (50-60 minutes) or a combination of group and individual consultation for 20 hours (50-60 minutes). 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 B. **NOTE: Applicant is required to seek consultation from someone other than process therapist.**
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 certified members of STA have been requested from:

1. ____________________________________________

2. ____________________________________________

Please have these letters sent to the STA address below.

9. 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 of 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.

Signature_______________________________________ Date __________________

Please email a PDF of the completed application to: sta@sandplay.org.

(or you may mail 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: $155.00 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.

_________________________________________________________ Date

Personal Process Therapist Signature
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 hours (50-60 minutes) 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 hours (50-60 minutes) or a combination of group and individual for 20 hours (50-60 minutes). 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. The consultant must be someone other than process therapist.

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

CST-T Consultant 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