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APT Approved Provider #04-144

**Presenter Qualifications/Attestation**

**Profession/Degree**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a Registered Play Therapist (RPT or RPT-S)?**

\_\_\_RPT \_\_\_RPT-S \_\_\_Not yet a registered play therapist

**Have you provided By The Sea Seminars with a resume?**

\_\_\_\_Yes \_\_\_\_Attached/Enclosed

**Please state the code of ethics that you follow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have read and am familiar with the Association for Play Therapy** **“Play Therapy Best Practices” and “Paper on Touch”**

**<http://c.ymcdn.com/sites/www.a4pt.org/resource/resmgr/publications/Best_Practices__-_Sept_2016.pdf>**

[**http://c.ymcdn.com/sites/www.a4pt.org/resource/resmgr/Publications/Paper\_On\_Touch\_2015.pdf**](http://c.ymcdn.com/sites/www.a4pt.org/resource/resmgr/Publications/Paper_On_Touch_2015.pdf)

\_\_\_\_Yes \_\_\_\_\_No, I don’t need to. I’m not presenting a workshop for APT

CEU’s

**Signature:**

Please sign to indicate that the statements made above are true and accurate.

Signature Date

***Mail or E-mail to:***

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PO Box 177, Perry ME 04667

bythesea@roadrunner.com

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APT Approved Provider #04-144

U**2017 Roundtable Workshop Proposal**

Location: Harrington Family Health Center March 31, 2017 9 AM to 4 PM

Name:

E-mail:

Phone:

**Biographical Information and photo. This will be posted on the By The Sea Seminars website:**

**Topic:**

**Description:**

**Objectives:**

**Note:**

For play therapy presentations, please include “Play Therapy” in the title, description and each of the objectives.

***Mail or E-Mail to:***

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**PO Box 177, Perry ME 04667**

**bythesea@roadrdunner.com**