



SYNERGETIC PLAY THERAPY CERTIFICATION APPLICATION

Name:

Phone and Email:

Date:

Why would you like to become Certified in SPT?

How long have you been using SPT and what SPT classes have you taken?

What have you discovered is a strength of yours using this therapy modality and what have you discovered is your growth edge?

In what capacity will you have access to children during the certification program?

Is there anything else you would love for us to know?