



SPT Credential Renewal Verification Form
Certified Synergetic Play Therapist and Certified Synergetic Play Provider

Renewal of the Certified Synergetic Play Therapist or Certified Synergetic Play Provider credential is required every 3 years. Students must demonstrate that they have completed one of the approved recertification options, listed below, to meet full renewal requirements. Information is constantly evolving making it essential that students stay up to date with the current understanding of Synergetic Play Therapy teachings and SPT tenets.

This form must be submitted to the SPTI by May 31st of your renewal year. Submissions will not be accepted prior to your renewal year. If this form is not submitted, along with supporting certificates, students will no longer be able to use the title Certified Synergetic Play Therapist or Certified Synergetic Play Provider until renewal occurs.

If you are uncertain as to when your SPT Credential is up for renewal, please contact info@synergeticplaytherapy.com.

SPT Credential Renewal/Recertification Options (Completed within the last three years): *Only one selection is required. Please check the box next to your completed recertification option.

- ☐ Online or In-Person Introduction to Synergetic Play Therapy Recertification program.
- ☐ Full attendance at the Advanced Synergetic Play Therapy Training program. *(This option cannot be used to meet requirements for two cycles in a row)*
- ☐ Full attendance at either or both of the Synergetic Play Therapy Certification program Learning Retreats as a returning student. *(This option cannot be used to meet requirements for two cycles in a row)*
- ☐ Completion of the Synergetic Education Institute's A Synergetic Approach to Education + Fundamentals program, formerly called One Foot in Education. *(This option cannot be used to meet requirements for two cycles in a row)*

*Do you also hold the "Certified Synergetic Play Therapy Supervisor" credential? _____ *If yes, what year did you graduate from the Level 3 Becoming a Certified Synergetic Play Therapy Supervisor program?

By signing my name below, I attest that the provided information is accurate and that I have not chosen an option that cannot be used two cycles in a row.

Student Signature: _____ Date: _____

***To be completed by the Synergetic Play Therapy Institute only:**

- ☐ Student submitted a certificate to support the identified SPT Credential Renewal/Recertification option.



- ☐ Student did not submit a certificate, however, the SPTI confirmed completion of the program in the learning management system.
- ☐ The Institute was unable to verify that the student completed the SPT Credential Renewal/Recertification option.

Note by Administrator (if denied only): _____

Administrator Signature: _____ Date: _____