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MIM & THERAPLAY REFRESHER COURSE INDEPENDENT WEBINAR Registration Form

Only those who have taken the full 4 day Intro to Theraplay Workshop are eligible to register for this online Refresher course.

Date:		
Name:		
Address:		
Email:		
Phone:		
Please provide info w	hen you completed the 4 day Intro to The	raplay workshop:
Date	Trainers name:	location:
Scan and email your	proof of completion if you have a copy of i	it:
Are you currently reg	istered in the Theraplay Practicum? YES	NO NO
If Yes, What level in the practicum? Foundational Intermediate Final		
If No, are you plannir	ng on applying to the practicum at some ti	me in the future? YES NO
Would you like more	information? YES NO	
Do you currently hav	e a Certified Theraplay Supervisor? NO	YES Name:
Are you currently in a	any other practicums ie: play therapy certi	fication? YES NO
through Thinkific,	review of a MIM and Theraplay vide	access to an online independent webinar to samples. You are welcome to ask for a ervisor after your completion of the webinar.
Payment Options:		
	r only \$175	
	plus one zoom Supervision: \$250.00	
☐ Credit Card (pl	min@theraplaycanada.ca ease call 647-210-7595) or money order mailed to Holland St West, PO Box 1698 Bradford, On	ntario, L3Z 2B9