



### Theraplay® Canada Certification Practicum Attestation

I understand that by registering to join the Theraplay® or Group Theraplay® practicum, I am indicating that I agree to the following statements:

- I am in compliance and will abide by Theraplay Service Mark guidelines, calling my work “Theraplay informed practice” until I fully complete the Theraplay practicum upon which I can call my work “Theraplay.”  
(See [https://www.theraplay.org/images/stories/downloads/service\\_mark.pdf](https://www.theraplay.org/images/stories/downloads/service_mark.pdf))
- I will use Theraplay® within the confines of my professional role, credentials and the ethics of any professional bodies of which I am a member.
- I do not have a criminal record that may prejudice the interests of children and families
- I have not been dismissed from employment on the grounds of professional misconduct or lack of competence
- I have not been refused membership of a professional body in a related field on the grounds of professional misconduct or lack of competence.
- I will keep [Theraplay Canada](#) informed of any changes to my circumstances, either professionally or in relation to my personal character (including any conviction or caution that you are required to disclose).
- I am covered by Professional Indemnity and Public Liability insurance either personally or by my employer’s policies.
- I have the proper Consent to Videotape forms on file for each client whose video I submit for Theraplay supervision or consultation including the following statement:  
*“Video will be used by the therapist in his/her treatment of my family (for example, we review portions of sessions with you to enhance positive treatment outcomes) and for supervision with a qualified Theraplay supervisor.”*
- If there are any updates or changes to my contact information, resume/CV, professional licensure/registration and proof of liability insurance, I will notify [Theraplay Canada](#).

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Print Practicum Student Full Name

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Practicum Student Signature

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Date