

Name.		Preferred Proffouns.
First	Last	M.I.
Phone: Email:		l:
License/Licensure Track: If unlicensed: Name of Clinical Sup Clinical Supervisor Di	mail:	
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seeking licensure. Y N Copy of master's Y N Graduate School 1. Child Development This content area on lift Span Development, Hu 2. Theories of Personality 3. Principles of Psychotherapy In this content area, the Practice, Pre-practicum 4. Child and Adolescent Psychology The types and sympton	cate license, or agreement to degree, or agreement to produce for a greement to produce for a green development covers how human man Behavior in Social Environment – late of the counseling process and skills are discussional process and skills are discussional for a green discussional for a gree	be able to provide license by end of the training if currently vide copy once graduated. ripts) showing you have taken coursework in 5 core areas: s learn, mature, and adapt from infancy to adulthood to elderly phases of life (e.g., Life
Preferred Payment:		Preferred Payment (RELATE STAFF ONLY):
Pay in full \$8100 Pay by trimester- 6 payme	ents of \$1350	Pay in full \$6400 (using \$1200 professional development money) Pay in full \$7600 (pay without using professional development money)
Email completed application khughes@relatemn.org	to Kristine Hughes at:	Pay by Trimester- 6 payments of \$1067 (using \$1200 professional development money) Pay by Trimester- 6 payments of \$1267(pay without using professional development money

Refund Policy

You may cancel your registration up to 2 weeks before the trimester begins and request to receive a full refund. If cancellation is made after that time, you will receive a credit to reschedule at a later date or to use to sign up for another course. Credit must be used within 120 days.