

Missouri Association for Play Therapy

OUTSTANDING PLAY THERAPIST

The purpose of the award is to recognize a Play Therapist in the state of Missouri for outstanding service and achievement.

**1. Eligibility for Consideration:**

* The nominee must be currently employed as a mental health professional and have completed three consecutive years in the field of Play Therapy.
* The nominee must be a MAPT member.
* The nominee must hold at least a Master’s Degree.

**2. Criteria for Recognition:**

* The nominee should possess the personal qualities thought to be desirable in a Play Therapist.
* The nominee must have been responsible for innovations in play therapy, for providing leadership in the further development of play therapy, or for performing an outstanding service to the school or community.
* The activities or accomplishments recognized must have taken place within five years prior to the date of presentation.

**3. Procedures for Nomination:**

 A. Nominations may be submitted by administrators, mental health professionals,

 parents, teachers or community leaders.

 B. The nominator must submit a nomination packet, including:

 1. Completed MAPT Nomination Form to include description of job setting and

demographic information.

2. ONE page vita of nominee including documentation of licensure or

certification.

3. Letter of nomination listing the contents of the packet.

4. Summary statement, NOT to exceed THREE pages, describing the program,

activity or contributions occurring within the last five years for which the

individual is nominated.

5. Up to three letters of support to include letters from administrators, mental health professionals, teachers, parents and students/clients.

**MAPT OUTSTANDING PLAY THERAPIST AWARD**

**Nomination Form**

NOMINATION CATEGORY: (CIRCLE ONE)

 Helen Mathews Outstanding Play Therapist Award

 Play Therapy in the School Setting

 Kathryn Boone Outstanding Play Therapist Award

 Play Therapy in the Private, Agency Setting

NOMINATOR: MAPT Member (?) \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMINEE: MAPT Member (?) \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Present Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send information to:

maptpresidentelect@gmail.com

**\* Application must be received by May 20**