PLAY THERAPY APPLICATION

For Current Students

Instructions: Fill out this form and submit it to the Integrated Student Services office, either on campus or via email at studentservices.aus@antioch.edu. If you require additional space, you may use the back of the form or attach additional pages.

Student Name: ______________________  Student ID#: __________________ Email: ____________
Current Program: _________________________

1. Why do you want to be a play therapist?

2. What do you hope to gain from the program?

3. Are you committing to the full certificate program or just Intro to Play Class?

4. What is your current level of education or License held?