



**The Canadian Association for
Child and Play Therapy
Play Therapy Certificate Program
Prior Learning Assessment – Course Exemption Form C**

The Education Committee of CACPT will consider exempting students from specific courses under certain circumstances. Applications are considered on a case-by-case basis. Results of the review of your material will be provided to you in writing.

Name of Candidate: _____ Program Location

Please identify the course(s) you would like to be considered to be exempt from:

Course Date	Course Title	Instructor

Please identify the course(s) you would like considered to be applied to the above requested exemptions:

Course Date	Course Location	Course Title	Instructor

Please provide an outline, objectives and length (i.e. no. of hours or credit evaluation) of the course(s) you would like considered to be applied to the above requested exemptions: (Proof of completion must be provided)

Course Date	Course Title	Instructor

Checklist

- Prior Learning Assessment – Course Exemption – Form C
- Proof of course completion attached for each exemption request

Administration Fee

\$50.00 HST \$6.50 TOTAL **\$56.50**

Payment Options:

Visa MasterCard Cheque Money Order

Card Number Expiry Date

Card Holder Name _____ Amount Authorized \$

Applicant Signature _____ Date _____