



TSTA Provider Application

Name: _____ Credentials: _____

Address: _____ Email: _____

_____ Phone Number: _____

_____ TSTA Certification Number: _____

REQUIREMENTS FOR BEING A TSTA PROVIDER

- Certified as a Clinical Sandtray Therapist (CCST) for at least one year
- 6 hours of Train the Trainer course
- 3 hours of professional presenting experience
- Current member of TSTA

Please include the following with your application.

- Appropriate application fee
- Documentation of 6 hours of Train the Trainer by TSTA Provider
- Documentation of 3 hours of professional presenting (CEU certificate, program, etc.)
- TSTA Attestation form (on page 2 of this application)

Please send your application packet to

txsandtray@gmail.com



Attestation Agreement

I attest that:

- All of the information I have provided in my provider application is true to the best of my knowledge;
- I will only provide face-to-face training for anything qualifying for TSTA credits;
- I will remain in good standing with my licensing board and will notify the TSTA board within 3 days if there is an active complaint or suspension pertaining to my license;
- I will conduct myself in a professional, ethical manner as a TSTA provider;
- TSTA trainings will consist of 70% experiential opportunity for the participant;
- I will notify the TSTA board if I have questions or need additional guidance regarding my role as a TSTA provider;
- I will provide training based on the general assumptions and best practices outlined by TSTA, regarding sandtray therapy;

Signature: _____

Date: _____