CCST & SB-CST

Application Packet

CCST & SB-CST APPLICATION CHECK-LIST

- **Application Packet (Includes the following):**
  - Read Best Practices on www.txsandtray.org
  - Signed Attestation Form
  - 10 Sandtray Documentations
  - 2 Sandtray Consultations Forms (Completed by a professional who has been trained in Sandtray Levels 1–4)
- **Proof of Licensure or School Counselor Certification**
- **Proof of Completed Sandtray Levels 1-4**
- **Submit payment online at** www.txsandtray.org

Send the completed application packet to txsandtray@gmail.com and designate "CCST Application" as the subject line.

Name: _____

Credentials: _____

Email: _____

Address: _____

SANDTRAY DOCUMENTATION FORM

Therapist uses this template to document 10 sandtrays.
Please do **not** include any client sandtrays.

If your photos do not transfer to this form, you may create a document using a similar format.

Sandtray photo	Date tray built: Location of tray built: Witness name: Notes/themes/ideas:

DOCUMENTATION OF SANDTRAY CONSULTATIONS FOR TSTA CERTIFICATION
(to be completed by a qualified consultant*)

Consultation #1

Each consultation must be conducted with a different client, include a minimum of three trays, and last between 30 minutes and one hour.

Name and Credentials of Qualified Consultant: _____

Date & Location of Consultation: _____

_____

Considering the topics addressed in training levels 1-4 (see TSTA website for more information), what are some skills you noticed this therapist doing well? Are there any areas for growth?

_____

_____

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_____

I, _____ , attest that I have consulted with _____
(Qualified consultant) (Applicant)

on _____ and I support their certification at this time.
(Date)

_____ _____
(Qualified consultant signature) (Date)

Please contact txsandtray@gmail.com with any concerns.

**A Qualified Consultant is a professional who has been trained in Sandtray levels 1-4.*

DOCUMENTATION OF SANDTRAY CONSULTATIONS FOR TSTA CERTIFICATION
(to be completed by a qualified consultant*)

Consultation #2

Each consultation must be conducted with a different client, include a minimum of three trays, and last between 30 minutes and one hour.

Name and Credentials of Qualified Consultant: _____

Date & Location of Consultation: _____

_____

Considering the topics addressed in training levels 1-4 (see TSTA website for more information), what are some skills you noticed this therapist doing well? Are there any areas for growth?

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I, _____ , attest that I have consulted with _____
(Qualified consultant) (Applicant)

on _____ and I support their certification at this time.
(Date)

_____ _____
(Qualified consultant signature) (Date)

Please contact txsandtray@gmail.com with any concerns.

**A Qualified Consultant is a professional who has been trained in Sandtray levels 1-4.*

ATTESTATION BY APPLICANT

For brevity, note that TSTA will use CCST/SB to refer to the CCST and SB-CST collectively.

I, _____ attest to the following:
(Applicant's printed name)

- I have satisfied all applicable application criteria or renewal policies and requirements required by the Texas SandTray Association (TSTA) to earn its Clinical Certification in Sandtray Therapy (CCST) or School Based Certification in Sandtray Therapy credentials. If I am a CCST applicant, I have been state licensed to engage in independent clinical mental health practice. If I am a SB-CST applicant, I am a Certified School Counselor by the Texas Education Association.

- The information, statements, and documents in this application or renewal are accurate and reflect my true experience, education and training, and expertise. Such information, statements, and documents are solely my responsibility and TSTA shall not be responsible or liable for the consequences of any inaccurate or misleading information.

- My application includes the documentation of my current and active state license as an independent clinical mental health practitioner. To the best of my knowledge, there are no outstanding complaints against me.

- I have read, understand, and hereby confirm that I will abide by the code of ethics, standards of practice, and all other legal standards or requirements promulgated by those bodies from which I have been granted a license. To protect the public and reduce legal liability to TSTA, I understand that the issuance of CCST/SB credentials are based upon my adherence to the ethics and standards of conduct promulgated by my primary mental health discipline and not linked to those voluntary practice guidelines promulgated by TSTA.

- I agree to support the TSTA mission statement, refrain from aiding or engaging in any conduct that is prejudicial to the purpose, interests, effectiveness, reputation, or image of the sandtray therapy profession and/or TSTA.

- I acknowledge that my credentialing application or renewal may be denied, suspended, or revoked, if I: a) have a disciplinary action taken against me by the applicable licensing authority that results in the suspension or revocation of my license; b) am convicted of a crime related to the provision of mental health services or a crime that would adversely affect the interests, effectiveness, reputation, or image of TSTA; c) falsify, by inclusion or omission, information on the credentialing application or renewal or any supporting documents; d) fail to complete the CCST/SB credentialing application or renewal requirements in a timely manner; e) represent my CCST/SB credential as my primary credential or mental health qualification; or f) voluntary relinquish my license.

- I agree to immediately notify TSTA, by certified, registered or receipted mail, if I: a) have any disciplinary action taken against me by the applicable licensing authority; b) have my license suspended or revoked; c) am convicted of a crime related to the provision of mental health

services or a crime that would adversely affect the interests, effectiveness, reputation, or image of TSTA; or d) voluntary relinquish my license.

- I have read and am familiar with Best Practices endorsed by TSTA and displayed on its website, www.txsandtray.org

- TSTA shall have no responsibility or liability for the impact that the delay or rejection, for any reason, of a CCST/SB application for, or renewal of, a CCST/SB credential may have on my professional standing or employment status.

- TSTA and its Ethics & Practices Committee have reserved the sole right to resolve any and all filed complaints regarding my CCST/SB credential. TSTA reserves the right to place my CCST/SB credential on probation, or temporarily suspend or permanently revoke it, after notice and review of any of the occurrences.

- I acknowledge and agree that a designation as CCST/SB by TSTA does not certify, imply, or affirm my knowledge or competency in my profession or otherwise and that such designation only confirms that the education and training requirements of TSTA have been satisfied. I have not and will not use either the CCST/SB designation as my only or primary credential. I understand that on all professional documents, communications and in all advertising the CCST/SB credentials must be accompanied by the degree or the license in a mental health field that establishes the type of mental health services I am qualified to offer.

- I hereby indemnify and hold harmless TSTA from and against any and all claims, losses, actions, costs and expenses, including attorneys' fees, incurred by TSTA as a result of or arising out of: a) my acts or omissions in my treatment of patients; b) my failure to abide by the code of ethics, standards of practice and legal standards and requirements promulgated by my primary licensing authority; c) any falsification, including by omission or inclusion, of information on my CCST/SB application or any supporting documents; d) my conduct or actions that are prejudicial to the purpose, interests, effectiveness, reputation, or image of sandtray therapy and/or TSTA; and e) any other action or omission relating to my CCST/SB credential.

- TSTA reserves the right to revise its credentialing program and its criteria, process, and other aspects. It further reserves the right to request additional information to review and process applications.

- I fully understand and agree to abide by the terms and conditions of this agreement and the above attestation by which TSTA may confer a CCST/SB credential to me. I attest that I am an individually licensed mental health professional authorized to independently provide mental health services by the licensing authority in the state of my residence or practice and that all information herein is true and correct to the best of my knowledge.

_____ _____

(Applicant signature) (Date)