



Nominations for KSAPT Board

Nominee Questionnaire

Please fill out the form below if you would like to be a board member, or if you would like to nominate someone else to be a board member. Board terms are for 3 years.

Nominees must be a current member of KSAPT.

Nomination Form

Name: _____

Address: _____

Home Telephone: _____ Business Telephone: _____

Email Address: _____

Qualifications: _____

If this nomination is for someone other than yourself, is this person aware that you are nominating them?

Yes No N/A *(Nominee must complete application below)*

Signature _____

Nomination Application (use back if necessary)

Are you a KSAPT member (this is required)? Yes No

Are a Registered Play Therapist or RPT-S? Yes No

Are you currently working on one of these designations? Yes No



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- How many hours of play therapy training have you completed?

- How many years experience in Play therapy do you have?

- What are the three greatest issues you believe face play therapists in Kansas? (100 words or less)

- What are three goals you would like to address while serving on the KSAPT Board, if elected?

