



# NCTRC | Exam Content Outline

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**2007 Job Analysis Study**

Effective May 2008



Candidates preparing for the NCTRC certification exam should carefully review the specific content outline of the exam and become familiar with the manner in which the exam is administered. Periodic review and update of the exam content is mandated by the National Organization for Competency Assurance (NOCA). The NCTRC exam is administered by Prometric, a subsidiary of the Educational Testing Service of Princeton, NJ and is offered three times a year at more than 300 testing sites throughout the United States, Puerto Rico and Canada.

### Purpose of the Exam

The purpose of the NCTRC exam is to ensure that candidates demonstrate the necessary level of competence for entry into the profession. Critical to the validity of the examination process is the premise that the exam content truly reflects the nature and scope of professional practice. This vital link of assurance is established through the exam development process which includes the job analysis study, determination of test specifications, and construction of the exam content outline. In simple terms, a job analysis is a very detailed job description. According to NOCA (1996), a profession can be "... broken down into performance domains which broadly define the profession being delineated. Each performance domain is then broken down into tasks which help define each performance domain. In turn, each task is delineated further and broken down into knowledge and skill statements which further elaborate on each task" (p.42). Among the outcomes of the job analysis study is a table of specifications, or blueprint, for the exam. These specifications include a categorical breakdown of the content used in the test and the percentage of weight assigned to each domain. This percentage determines the number of questions within each section of the exam. The test specifications appear in **Table 1**.

### Job Analysis and Exam Content

In 2007, NCTRC completed a comprehensive and thorough review of its testing program, including a new job analysis study and exam content outline. A comprehensive report detailing the scope and nature of the 2007 Job Analysis Study including the results is available from NCTRC. The new NCTRC Exam Content Outline appears in **Table 2**. It is important to note that the new version of the NCTRC Exam Content Outline contains a reduced number of major content areas from eight to four areas. However, in the final analysis, this reduction does not reflect a major shift in actual knowledge content when compared to previous versions of the NCTRC Exam Content Outline.

### NCTRC Exam Process

The NCTRC exam is a variable-length test. During the administration of the exam, each group of questions (section) is timed separately. The base test is completed by all candidates and consists of 90 questions for which you have 86 minutes. Candidates are permitted to move back and forth within the base test, but the base test may not be reviewed once it has been exited. Upon completion of the base test of 90 questions, candidates will receive (a) a passing score ending the exam; (b) a failing score ending the exam; or (c) a score that falls in a range that is neither failing nor passing and move to another section. The additional sections are called "testlets", each containing 15 questions and lasting for 14 minutes. Candidates are permitted to move back and forth within each testlet, but each testlet may not be reviewed once it has been exited. Candidates should answer each question presented, marking any questions they would like to review should time permit in that section. At the end of each testlet, the same scoring as at the end of the base test will occur and the examination will either end or continue. A maximum of three hours of seat time will be granted if a candidate completes the base test and all testlets (total 180 questions).

**For additional information regarding the NCTRC exam please contact NCTRC at (845)-639-1439, [nctrc@NCTRC.org](mailto:nctrc@NCTRC.org), or visit the website at [www.NCTRC.org](http://www.NCTRC.org).**

Table 1  
**Test Specifications**

Content Areas	Percentage of Exam	Number of Test Items per Testlet
<b>Foundational Knowledge</b>	<b>33.3%</b>	<b>5</b>
A. Background		1
B. Diagnostic Groupings		3
C. Theories and Concepts		1
<b>Practice of TR/RT</b>	<b>46.7%</b>	<b>7</b>
A. Strategies and Guidelines		1
B. Assessment		2
C. Documentation		2
D. Implementation		2
<b>Organization of TR/RT</b>	<b>13.3%</b>	<b>2</b>
A. TR Service Design		1
B. Administrative Tasks		1
<b>Advancement of the Profession</b>	<b>6.7%</b>	<b>1</b>
<b>Total</b>	<b>100.0%</b>	<b>15</b>

Table 2  
**NCTRC Exam Content Outline**

**I. Foundational Knowledge (33.3%)**

**A. Background**

1. Human growth and development throughout the lifespan
2. Theories of human behavior and theories of behavior change
3. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)
4. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)
5. Concepts and models of health and human services (e.g., medical model, community model, education model, psychosocial rehabilitation model, health and wellness model, person-centered model, International Classification of Functioning {ICF})
6. Principles of group interaction, leadership, and safety

**B. Diagnostic Groupings**

1. Cognition and related impairments (e.g., dementia, traumatic brain injury, developmental/learning disabilities)
2. Anatomy, physiology, and kinesiology and related impairments (e.g., impairments in musculoskeletal system, nervous system, circulatory system, respiratory system, endocrine and metabolic disorders, infectious diseases)
3. Senses and related impairments (e.g., vision, hearing)
4. Psychology and related impairments (e.g., mental health, behavior, addictions)

**C. Theories and Concepts**

1. Normalization, inclusion, and least restrictive environment
2. Architectural barriers and accessibility
3. Societal attitudes (e.g., stereotypes)
4. Legislation (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Older Americans Act)
5. Relevant guidelines and standards (e.g., federal and state regulatory agencies)
6. Theories of play, recreation and leisure
7. Social psychological aspects of play, recreation and leisure
8. Leisure throughout lifespan
9. Leisure lifestyle development

**II. Practice of Therapeutic Recreation/Recreation Therapy (46.7%)**

**A. Strategies and Guidelines**

1. Concepts of TR/RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality)
2. Models of TR/RT service delivery (e.g., Leisure Ability model, Health Protection/Health Promotion model, TR Service Delivery model)
3. Practice settings (e.g., hospital, long-term care, community recreation, correctional facilities)
4. Standards of practice for the TR/RT profession
5. Code of ethics in the TR/RT field and accepted ethical practices with respect to culture, social, spiritual, and ethnic differences

**B. Assessment**

1. Current TR/RT/leisure assessment instruments
2. Other inventories and questionnaires (e.g., standardized rating systems, developmental screening tests, MDS, FIM, GAF)
3. Other sources of assessment data (e.g., records or charts, staff, support system)
4. Criteria for selection and/or development of assessment (e.g., purpose, reliability, validity, practicality, and availability)
5. Implementation of assessment
6. Behavioral observations related to assessment
7. Interview techniques for assessment
8. Functional skills testing for assessment
9. Sensory assessment (e.g., vision, hearing, tactile)
10. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
11. Social assessment (e.g., communication/interactive skills, relationships)
12. Physical assessment (e.g., fitness, motor skills function)
13. Affective assessment (e.g., attitude toward self, expression)
14. Leisure assessment (e.g., barriers, interests, values, patterns/skills, knowledge)

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### **C. Documentation**

1. Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions)
2. Interpretation of assessment and record of person served
3. Documentation of assessment, progress/functional status, discharge/transition plan of person served (e.g., SOAP, FIM)
4. Methods of writing measurable goals and behavioral objectives

### **D. Implementation**

1. Nature and diversity of recreation and leisure activities
2. Selection of programs, activities and interventions to achieve the assessed needs of the person served
3. Purpose and techniques of activity task analysis
4. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes)
5. Modalities and/or interventions (e.g., therapeutic recreation/recreation therapy activities, leisure skill development, assertiveness training, stress management, social skills, community reintegration)
6. Facilitation techniques and/or approaches (e.g., behavior management, counseling skills)
7. Leisure education/counseling

## **III. Organization of Therapeutic Recreation/Recreation Therapy Service (13.3%)**

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### **A. TR Service Design**

1. Program design relative to population served
2. Type of service delivery systems (e.g., health, leisure services, education and human services)
3. Role and function of other health and human service professions and of interdisciplinary approaches
4. Documentation procedures for program accountability, and payment for services
5. Methods for interpretation of progress notes, observations, and assessment results of the person being served

### **B. Administrative Tasks**

1. Evaluating agency or TR/RT Service program
2. Quality improvement guidelines and techniques (e.g., utilization review, risk management, peer review, outcome monitoring)
3. Components of agency or TR/RT Service plan of operation
4. Personnel, intern, and volunteer supervision and management
5. Payment system (e.g., managed care, PPO, private contract, Medicare, Medicaid, DRG)
6. Facility and equipment management
7. Budgeting and fiscal responsibility

## **IV. Advancement of the Profession (6.7%)**

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1. Historical development of TR/RT
2. Accreditation standards and regulations (e.g., JCAHO, CARF, CMS)
3. Professionalism: professional behavior and professional development
4. Requirements for TR/RT credentialing (e.g., certification, recertification, licensure)
5. Advocacy for persons served
6. Legislation and regulations pertaining to TR/RT
7. Professional standards and ethical guidelines pertaining to the TR/RT profession
8. Public relations, promotion and marketing of the TR/RT profession
9. Methods, resources and references for maintaining and upgrading professional competencies
10. Professional associations and organizations
11. Partnership between higher education and direct service providers to provide internships and to produce, understand and interpret research for advancement of the TR/RT profession
12. Value of continuing education and in-service training for the advancement of the TR/RT profession



**National Council for  
Therapeutic Recreation  
Certification®**

7 Elmwood Drive  
New City, New York 10956  
Tel 845-639-1439  
Fax 845-639-1471  
email [nctrc@NCTRC.org](mailto:nctrc@NCTRC.org)  
[www.NCTRC.org](http://www.NCTRC.org)

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