CTRS SPECIALTY CERTIFICATION APPLICATION PATH B

NCTRC
7 Elmwood Drive
New City, NY 10956
call (845) 639-1439
fax (845) 639-1471
email nctrc@NCTRC.org
www.NCTRC.org

Date of Application: **Certification Number:** **Recertification Due Date:**

Name _____

Current Full Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Work Phone (include area code) _____ Home Phone (include area code) _____

Fax Number (include area code) _____ Email Address _____

Specialty Certification Path B Summary of Requirements:

- **CTRS Active Status**
- **Graduate Degree** (Original transcript required)
- **Graduate coursework** (Original transcript required)
- **Professional Work Experience** (HR Verification required)
- **Professional References** (Two letters required)
- **Separate application for each specialty certification designation**

Payment Options: NCTRC accepts Credit Cards, Checks and Money Orders. Please fill out the appropriate selection:

- Initial Application $100
- Continuing Education Document Return Fee $15 (optional)

❑CREDIT CARD ❑CHECK ❑MONEY ORDER

❑ Visa
❑ MasterCard
❑ American Express

Name as it appears on card: _____

Card Number: _____

Expiration Date: __ __ / __ __

By signing below I do hereby authorize NCTRC to charge $_____ to the above Visa/MasterCard/American Express Account

Signature (required): _____

Date: _____

	NCTRC OFFICE USE ONLY	
Date Received	Amount and Date Paid	Review Date
Specialty Certification Awarded	Yes No	Recertification Date

Graduate Degree in TR/RT (Please list): _____

Academic Courses: Completion of nine (9) graduate-level credit hours within the designated specialty area. Academic coursework must be taken at an accredited college or university and must be documented on an official transcript or grade report.

For **graded** academic coursework completed:

1 semester credit = 15 Hours
1 trimester credit = 14 Hours
1 quarter credit = 10 Hours

Course Title	Date	College/ University	Semester/ Quarter Credit	Credit	# of Credits	Knowledge Code	NCTRC Use Only

PROFESSIONAL EXPERIENCE—One year, full time TR/RT work experience in specialty area

Please include your professional experience that was completed within your specialty area. Acceptable work experience must be in therapeutic recreation/recreation therapy as defined by the Job Task Areas of the Job Analysis. If more than one position or experience is used then include each position using the same format.

Designated Specialty Area (Please indicate one):

❑Behavioral Health ❑Community Inclusion Services ❑Developmental Disabilities
❑Geriatrics ❑Physical Medicine/Rehabilitation

Agency Name _____ Agency Phone (include area code) _____

Agency Address/City/State(Province)/Zip(Postal)Code/Country _____

_____

Job Title _____

Name of Supervisor _____ Supervisor's Job Title _____

____/____/____ ____/____/____
First month/day/year of employment Final month/day/year of employment Average Weekly Hours

National Job Analysis Job Task Areas	**DESCRIPTION:** Please briefly describe your job duties **related specifically to the designated specialty area** in the following categories derived from the NCTRC Job Analysis
Professional Relationships and Responsibilities	
Assessment	
Plan Interventions and/or Programs	
Implement Interventions and/or Programs	
Evaluate Outcomes of the Interventions and/ or Programs	
Document Intervention Services	
Treatment Teams and/or Service Providers	
Develop and Maintain Programs	
Manage TR/RT Services	
Awareness and Advocacy	

Professional References—one from a peer professional and one from a recent employment supervisor.

Peer Professional Name: _____

Recent Employment Supervisor: _____

ELIGIBILITY QUESTIONS & DECLARATION

Mandatory Sections: Please complete the following sections for your application to be reviewed.

ELIGIBILITY QUESTIONS:

Please complete the following questions. A **"YES"** response to any of the questions posted below requires supporting documentation relevant to your response. NCTRC must be notified immediately if your response to any of the following questions changes during the period of your active certification.

1. Do you have a **disabling condition or addiction to any substance** that could impair competent and objective professional performance of therapeutic recreation services and/or jeopardize public health and safety?
YES or NO: _____

2. At any time, have you been subject to an **investigation or disciplinary action** by a health care organization, professional association, governmental entity or regulatory or licensing agency or authority?
YES or NO: _____

3. Have you ever been convicted, found or entered a plea of guilty or *nolo contendere*, or are you presently being **investigated or charged with any felony or misdemeanor** directly relating to therapeutic recreation services or public health and safety?
YES or NO: _____

Questions #2 and #3 include, but are not limited to investigations or disciplinary actions by an employer, state or federal licensing agency, and/or any crimes involving violence, rape, assault, sexual abuse, use or threatened use of a weapon, and/or the prohibited sale, distribution or possession of a controlled substance. On an attached sheet of paper you must identify all investigations, allegations, charges and outcomes. Attach documentation if available. Note: if you are currently imprisoned, on probation or parole or a case is being appealed, NCTRC will deny certification or recertification until 3 years following the exhaustion of your appeal, completion of probation or parole, or final release from imprisonment, whichever is later.

DECLARATIONS—NCTRC PROCESSING AGREEMENT:

NCTRC agrees to process your application subject to your agreement to the following terms and conditions.

1. To be bound by and in compliance with all NCTRC Certification Standards and rules relating to eligibility, renewal and recertification, including, but not limited to, payment of applicable fees, demonstration of educational and experiential requirements, satisfaction of annual maintenance and recertification requirements, compliance with the NCTRC Grounds for Sanctions and other standards, and compliance with all NCTRC documentation and reporting requirements, as may be revised from time to time.
2. To authorize NCTRC to disclose, publish and/or release, in the sole discretion of NCTRC, any information regarding your certification or recertification application or status and any final or pending disciplinary decisions to state licensing boards or agencies, other health-care organizations, professional associations, employers or the public.
3. To hold NCTRC harmless and to waive, release and exonerate NCTRC, its officers, directors, employees, committee members, and agents from any claims that you may have against NCTRC arising out of NCTRC's review of your application, or eligibility for certification, renewal, recertification or reinstatement, conduct of the examination, or issuance of a sanction or other decision.
4. To only provide information in your application to NCTRC that is true and accurate to the best of your knowledge. You agree to revocation or other limitation of your certification, if granted, should any statement made on this application or hereafter supplied to NCTRC is found to be false or inaccurate or if you violate any of the standards, rules or regulations of NCTRC.
5. To abide by the following testing conditions:
   A. NCTRC reserves the right to refuse admission to any NCTRC examination if you do not have the proper identification, or if administration has begun. If you are refused admission for any of these reasons or fail to appear at the test site, you will not be entitled to a refund or deferral of the application or examination fees. During the exam, the use of scratch paper, calculators, or reference to textbooks or notes is prohibited and you are not allowed to remove any exam materials from the administration room.
   B. NCTRC's examinations are only offered to individuals who are seeking NCTRC certification or recertification, and for no other purpose. NCTRC's exams and individual questions are copyright protected and highly confidential trade secrets. Any disclosure or reconstruction of test questions and content shall be a violation of NCTRC rules and subject to damages including, but not limited to, the cost of replacing the compromised question(s) and reconstruction of the exam, if advisable in the discretion of NCTRC.
   C. Proctors are authorized to maintain a secure and proper test administration. You may not communicate with other examinees during the examination. Any irregular, disruptive, inappropriate or suspected cheating behavior by you may result in your relocation or removal from the examination site and/or a refusal to release your examination scores; in such event, your examination fees will not be refunded or deferred.

SIGNATURE: By signing, I acknowledge and affirm that I have carefully read and understand NCTRC's standards, rules and requirements and that I agree to abide by these terms and to be bound by all of the provisions of the Declarations above.

PRINTED NAME: _____ SIGNATURE: _____

DATE:_____

CONFIDENTIALITY RELEASE *(Optional):* I agree that NCTRC may release my name and any contact information on record with NCTRC to individuals and/or organizations for educational and/or research purposes. By signing this section, I understand that my name and address will be released on mailing labels requested by organizations sponsoring educational programs, conferences, and special research studies.

Applicant Signature _____ *Date* _____

Employment Information Release and Authorization

Directions: Please complete this form using one (1) of the following options.

Option 1: Applicant and Human Resource or Personnel Director complete the form and submit it directly to NCTRC.

Option 2: Applicant completes the upper portion of the form and submits it directly to NCTRC.

Human Resource or Personnel Director

Agency Name

Area Code and Phone Number

Agency Address

Area Code and Fax Number

Agency City, State, Zip Code

Agency Email Address

Section to be completed by Applicant

Applicant Release and Authorization: Permission is hereby granted to furnish as part of my specialty certification requirements to the National Council for Therapeutic Recreation Certification (NCTRC), information regarding

First Name Middle/Maiden Name Last Name Cert ID#

and you are further authorized to provide NCTRC with any additional information contained in my file which may be requested with my certification application.

Signature Date

/ / through / /

First month/day/year of employment Final month/day/year of employment

The above named applicant stated that they were employed at your agency as a full-time employee under the job title of _____ with full-time responsibilities in therapeutic recreation/recreation therapy services.

NOTE: This section of the form must be completed by Human Resource or Personnel Director.

Section to be completed by Employer

Verification of Work Experience in Therapeutic Recreation/Recreation Therapy: To the best of your knowledge and according to your records, during the dates of employment listed above, was this individual:

1 Employed for the above dates, job title and duties? ***(If no, please provide correct dates of employment and job title on an attached piece of paper.)*** YES ___ NO ___

2 Subject to an investigation or disciplinary action, suspension or termination by your organization or other health care organization that directly related to the provision of therapeutic recreation/ recreation therapy services and/or public health and safety? YES ___ NO ___

3 Subject to an investigation or disciplinary action by a governmental entity or regulatory or licensing agency or authority that directly related to the provision of therapeutic recreation/recreation therapy services and/or public health and safety? YES ___ NO ___

4 Investigated, charged or convicted of any felony or misdemeanor directly relating to the provision of therapeutic recreation/recreation therapy services and/or public health and safety? YES ___ NO ___

Please describe any YES responses for questions 2 through 4 on an attached piece of paper and include any documentation you believe may be of assistance to NCTRC in reviewing this applicant.

Signature Date

Print Name Job Title

Please mail this completed form to: NCTRC, 7 Elmwood Drive, New City, NY 10956 or fax to 845-639-1471
If you have questions call 845-639-1439 or email question to: nctrc@NCTRC.org

7 Elmwood Drive ◆ New City, New York 10956 ◆ (845) 639-1439
www.NCTRC.org Fax ◆ (845) 639-1471

CTRS Specialty Certification Eligibility Application
Professional Reference Verification Form

As a requirement of the CTRS Specialty Certification application process, applicants must provide two professional references. The references must be completed by a peer professional and a recent employment supervisor. Please check the type of reference in the box below.

☐ Peer Professional - reference must be submitted from a qualified health professional who has worked with the applicant for a minimum of one year within the designated specialty area. This person must be a practicing professional within allied health or human services, possess a minimum of a Bachelors degree within his/her practice field, and be credentialed at the professional level.

☐ Recent Employment Supervisor - reference must be from an individual who has provided direct supervision to the applicant for a minimum of one year of employment within the designated specialty area. The employment supervisor must be a qualified health professional or possess a degree in health or human service management.

A Qualified Health Professional may include but is not limited to the following individuals:
☐CTRS
☐Master social worker or clinical social worker licensed
☐Nurse practitioner licensed
☐Physical, Occupational or Speech therapist licensed
☐Physician's assistance licensed
☐Professional nurse licensed
☐Psychologist licensed
☐Rehabilitation counselor certified
☐Counselor certified
☐Other: _____

Applicant Release and Authorization
(To Be Completed by the Applicant)

Full Name: _____ Certification #: _____
By signing below, I attest that the information provided is true and correct to the best of my knowledge. I understand that if the information is found to be false, acceptance of my application may be denied. If the application is approved and later determined to contain information that is found to be false or misleading, NCTRC has the authority to duly annul, suspend, limit or revoke the credential issued. Further, I am authorizing the professional reference to provide information and/or documentation to NCTRC.
Applicant's Signature: _____ Date: _____

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Reference Evaluation
(To Be Completed by the Reference)

The individual listed on this form is applying for the CTRS Specialty Certification credential. As part of the application process, the applicant has selected you to complete an Evaluation of Competency and Ethical Conduct on his/her behalf. Please note that the applicant has signed the "Applicant Release and Authorization" allowing you to make available to NCTRC any and all information needed to meet the CTRS Specialty Certification eligibility requirements. Please return this completed form to the applicant with any other documentation required. **Do not complete the form unless the release is signed.** If you have any questions related to this form, or the evaluation process, contact NCTRC at (845) 639-1439.

Full Name of Reference: _____

Full Address of Reference: _____

Work Phone (include area code) of Reference: _____

Employer of Reference: _____

Job Title of Reference: _____

Evaluation of Professional Competency

Evaluation of Applicant's Competency (ability to complete the following Job Task Areas):

	Yes	No	No Basis for Judgment
Professional Relationships and Responsibilities	☐	☐	☐
Assessment	☐	☐	☐
Plan Interventions and/or Programs	☐	☐	☐
Implement Interventions and/or Programs	☐	☐	☐
Evaluate Outcomes of the Interventions and/or Programs	☐	☐	☐
Document Intervention Services	☐	☐	☐
Treatment Teams and/or Service Providers	☐	☐	☐
Develop and Maintain Programs	☐	☐	☐
Manage TR/RT Services	☐	☐	☐
Awareness and Advocacy	☐	☐	☐

Evaluation of Professional Ethical Behavior

Based upon a review of the Ethical Principles presented on page 4, please evaluate the applicant's ability to perform in an ethical manner.

Applicant Performs in Ethical Manner? ☐Yes ☐No ☐No Basis for Judgment

Summary Statement

Please check one of the following boxes and provide comments below.

☐I am a Qualified Health Provider who has known the applicant during the last five years. I am not a relative or a subordinate of the applicant. I have no reservations regarding his/her professional competency and ethical conduct in providing TR/RT services during this application period. I have no reservations about the applicant's character.

☐I am the applicant's current or most recent supervisor or program director. I am not a relative or a subordinate of the applicant. I have no reservations regarding his/her professional competency and ethical conduct in providing TR/RT services during this application period. I have no reservations about the applicant's character.

☐I am the applicant's current or most recent supervisor or program director. I am not a relative or a subordinate of the applicant. The applicant's job responsibilities do not include the provision of TR/RT services and I, therefore, have no basis for judgment regarding his/her professional competency in this regard. However, I have no reservations regarding the applicant's ethical conduct in the current work setting.

☐I have serious reservations about the applicant's professional competency, ethical conduct or other conditions which could interfere with his/her ability to perform as a CTRS Specialty Certificant.

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Professional Reference Attestation:
I attest that the information I have provided is true and correct to the best of my knowledge. I have not been influenced by the opinions of any other person. I will not discuss or reveal the content of this evaluation with any person other than the applicant in that I consider it to be confidential and private.

Signature: _____Date: _____

Principles of Ethical Practice in Therapeutic Recreation

Principle 1: Beneficence - Recreational Therapy personnel shall treat persons served in an ethical manner by actively making efforts to provide for their well-being by maximizing possible benefits and relieving, lessening, or minimizing possible harm.

Principle 2: Non-Maleficence - Recreational Therapy personnel have an obligation to use their knowledge, skills, abilities, and judgment to help persons while respecting their decisions and protecting them from harm.

Principle 3: Autonomy - Recreational Therapy personnel have a duty to preserve and protect the right of each individual to make his/her own choices. Each individual is to be given the opportunity to determine his/her own course of action in accordance with a plan freely chosen. In the case of individuals who are unable to exercise autonomy with regard to their care, recreational therapy personnel have the duty to respect the decisions of their qualified legal representative.

Principle 4: Justice - Recreational Therapy personnel are responsible for ensuring that individuals are served fairly and that there is equity in the distribution of services. Individuals should receive services without regard to race, color, creed, gender, sexual orientation, age, disability/disease, social and financial status.

Principle 5: Fidelity - Recreational Therapy personnel have an obligation, first and foremost, to be loyal, faithful, and meet commitments made to persons receiving services. In addition, Recreational Therapy personnel have a secondary obligation to colleagues, agencies, and the profession.

Principle 6: Veracity - Recreational Therapy personnel shall be truthful and honest. Deception, by being dishonest or omitting what is true, should always be avoided.

Principle 7: Informed Consent - Recreational Therapy personnel should provide services characterized by mutual respect and shared decision making. These personnel are responsible for providing each individual receiving service with information regarding the services, benefits, outcomes, length of treatment, expected activities, risk and limitations, including the professional's training and credentials. Informed consent is obtained when information needed to make a reasoned decision is provided by the professional to competent persons seeking services who then decide whether or not to accept the treatment.

Principle 8: Confidentiality & Privacy - Recreational Therapy personnel have a duty to disclose all relevant information to persons seeking services: they also have a corresponding duty not to disclose private information to third parties. If a situation arises that requires disclosure of confidential information about an individual (i.e.: to protect the individual's welfare or the interest of others) the professional has the responsibility to inform the individual served of the circumstances.

Principle 9: Competence - Recreational Therapy personnel have the responsibility to maintain and improve their knowledge related to the profession and demonstrate current, competent practice to persons served. In addition, personnel have an obligation to maintain their credential.

Principle 10: Compliance with Laws and Regulations - Recreational Therapy personnel are responsible for complying with local, state and federal laws, regulations and ATRA policies governing the profession of Recreational Therapy.

(ATRA Code of Ethics, 2009)