



CTRS SPECIALTY RECERTIFICATION APPLICATION

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 Recertification Summary of Requirements:

- **CTRS Active Status**
- **Professional Work Experience** (HR Verification required)
- **Professional Advancement Activities** (two of the following four options)
 - NCTRC Internship Supervision
 - Publications and Research
 - Presentations
 - Academic Credit
- **Continuing Education** (Original documents required)

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

- Specialty Certification Recertification Fee \$50
- 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 Recertification Awarded	Yes No	Recertification Date

PROFESSIONAL EXPERIENCE—1,000 hours of paid TR/RT work experience in specialty area during the past five (5) year cycle

Please outline the professional experience that was completed within the 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 the 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	

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

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#
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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	through	Date
/ /	/ /	
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.

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:

- 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 ___
- 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 ___
- 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 ___
- 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
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Print Name	Job Title
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Section to be completed by Applicant

Section to be completed by Employer

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* _____