



PROFESSIONAL ELIGIBILITY APPLICATION

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

Date of Application	Social Security Number	Exam Preference- <i>January, March, May, July, September, November</i>
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth

Name as it appears on ID _____

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) _____ E-mail Address _____

<p>Please check appropriate information.</p> <p><input type="checkbox"/> First application for eligibility</p> <p><input type="checkbox"/> Second application for eligibility</p> <p><input type="checkbox"/> Previous certification expired _____</p> <p>Which Application Path are you selecting?</p> <p><input type="checkbox"/> Academic Path (Complete)</p> <p><input type="checkbox"/> Academic Path (Degree Pending)</p> <p><input type="checkbox"/> Equivalency Path A</p> <p><input type="checkbox"/> Equivalency Path B</p>	<p>Do you need special accommodations to complete the exam?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please check the following accommodations you are requesting and submit the NCTRC Special Testing Accommodation Application according to the NCTRC instructions. If the required information is not provided, then special accommodations will not be provided at the test site.</p> <p><input type="checkbox"/> Reader <input type="checkbox"/> Marker <input type="checkbox"/> Separate Room</p> <p><input type="checkbox"/> Double Test Time <input type="checkbox"/> Extended Test Time by 1.5</p> <p><input type="checkbox"/> Sign Language Interpreter</p>
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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, programs, conferences, and special research studies.

Applicant Signature _____ Date _____

Please enclose the Professional Eligibility Application & Exam Registration fee of \$425.00.
Applications submitted using Academic Path (Degree Pending) option require an additional \$25 processing fee (\$450.00)

Payment Options: NCTRC accepts Credit Cards, Checks and Money Orders in US funds.

Please check the appropriate selection: 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

Academic Preparation: Submit an **official** academic transcript for each college/university listed below. A student transcript copy is acceptable if it is the official student copy from the school. For those applying Academic Path (Complete), transcripts must indicate the date of graduation and the degree awarded. All transcripts **must accompany this application**. All transcript information must be in English or be accompanied by a notarized translation to English. List all courses that relate to the NCTRC Professional Eligibility Standards found in the *Certification Standards*. Enclose official course outlines for any independent study or special projects course listed below. Please print in ink or type all information.

College/University Name	State	Dates Attended	Major	Degree	Degree Date
		to			
		to			
		to			
		to			

Therapeutic Recreation Course Title (Only list content courses worth 3 or more credit hours each)	Course Prefix	Course Number	Course Credit

General Recreation Course Title (Only list content courses worth 3 or more credit hours each)	Course Prefix	Course Number	Course Credit

Supportive Course Title (Only list support courses worth 3 or more credit hours each)	Course Prefix	Course Number	Course Credit
Anatomy/Physiology			
Human Growth & Development Across the Lifespan			
Abnormal Psychology			

ELIGIBILITY QUESTIONS & DECLARATION

Mandatory Sections: Please complete all sections on this page for your application to be reviewed. The Declarations must be signed in the presence of a Notary Public and have the proper seal affixed as evidence. NCTRC will not accept a notary without an affixed notary seal. A Notary is a public officer who attests or certifies writings to make them authentic.

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.
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.
3. To waive any claims against and release from all liability NCTRC, its officers, directors, employees, committee members, and agents 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.
5. To abide by all NCTRC testing conditions as published from time to time.

NOTARIZATION OF NCTRC APPLICATION AND AGREEMENT TO ALL TERMS OF DECLARATIONS

AGREEMENT: 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 Agreement above. Your signature must be in the presence of a notary public, sworn to under oath and penalty of perjury, and must be affixed with an official notary seal. Applications without a notary seal will not be accepted.

PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

Notary Public of the State of _____; County of _____. On this _____ day of _____, 20____, the applicant personally appeared before me and stated under oath and penalty of perjury that the information contained in this application is true and correct and that the applicant agrees to abide by the terms and conditions identified in this application.

Notary Signature _____ SEAL:

My Commission Expires: _____

FOR EQUIVALENCY PATH APPLICANTS ONLY

National Council for Therapeutic Recreation Certification Professional Eligibility Application

Employment Information Release and Authorization

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

Option 1: Applicant and Human Resource or Personnel Director complete the form and submit it directly to NCTRC (This option requires notarized endorsement)

Option 2: Applicant completes the upper portion of the form and submits it directly to NCTRC (This option does not require the notarized endorsement)

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 certification requirements to the National Council for Therapeutic Recreation Certification (NCTRC), information regarding

First Name _____	Middle/Maiden Name _____	Last Name _____	SSN (Last 4 digits) _____
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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 of Applicant _____	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. If the form is given to you by the applicant, then your signature must be witnessed by an authorized notary.

Verification of Full-time 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 _____
Notary Public of the State of _____; County of _____.	

On this ___ day of _____, 20___, the individual personally appeared before me and stated under oath and penalty of perjury that the information contained in this application is true and correct and that the individual agrees to abide by the terms and conditions identified in this application.

Notary Signature _____ SEAL:

My Commission Expires: _____

Section to be completed by Applicant

Section to be completed by Employer