

**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:

- 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
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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:** \_\_\_\_\_

*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*

Section to be completed by Applicant

Section to be completed by Employer