



NCTRC Email Notification for Licensure Focused Communication -Policy and Application-

NCTRC contact information is available for organizations who wish to provide CTRS certificants with professional information and materials related to therapeutic recreation licensure. This policy outline and attached application provide the necessary information and procedures required to request CTRS contact information from NCTRC. The designated information must be related to licensure developments that directly affect the CTRS professional and TR/RT Practice. NCTRC does not provide contact information to commercial vendors.

Procedures:

1. The email distribution available includes CTRS certificants who are within their 5 year certification cycle.
2. The application and signed agreement should be received by NCTRC at least one week prior to the actual date of the expected email distribution.
3. NCTRC does not release the actual email addresses of CTRSs. Rather, NCTRC distributes an email message to CTRSs containing a link to the host provider's website. The email distribution sent via the NCTRC system will include the following statement from NCTRC:

NCTRC has been requested by (Organization Name) to provide you with information about licensure within the state of (State/Province).

This statement will be followed by a website link containing information or other pertinent materials as supplied by the organization.

4. The organization requesting the email distribution must be a recognized therapeutic recreation professional organization at the national, regional, provincial, state, or local level.
5. A final copy of the email distribution to be sent to CTRSs via the NCTRC system must be sent as part of the application process. The application will not be processed unless all required attachments are received by NCTRC along with the signed Licensing Agreement. Please note that NCTRC shall maintain final approval of all requests for the email distribution and reserves the right to withhold distribution of material to protect the interests of NCTRC and/or NCTRC's certificants. Please allow up to one week for the application to be processed.

NCTRC Contact Information Application

Please provide the following information in order to process the application in a timely manner:

Organization Name: _____

Contact Person: _____

Full Street Address: _____

City: _____

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

Daytime Phone: (____) _____ Fax Phone: (____) _____

Email Address: _____

- A. Please explain the purpose for requesting the use of the emails (i.e., the exact nature of licensure information to be emailed to certificants). Attach additional sheets as necessary.

- B. Please list the printed materials to be emailed as a web link and attach copies of each to this application form.

- C. Please indicate the CTRS contact information you would like send information to:
 - All active CTRSs currently on the NCTRC registry
 - All active CTRSs from the following countries/states/provinces: _____
- D. Please indicate the date of the first email distribution: _____
 - Second Email Blast: _____

Licensing Agreement

By signing below, you agree that you are authorized to enter into this Licensing Agreement on behalf of your organization. You further agree to indemnify NCTRC for NCTRC's cost and expenses (including, but not limited to, attorney's fees, costs and damages) to enforce this NCTRC email Licensing Agreement if you and/or your organization violate the terms of this Agreement.

Signature (required): _____ Date: _____