



**National Council for  
Therapeutic Recreation  
Certification®**

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# NCTRC Exam Content Outline

2014 Job Analysis Study

**CTRS®** | The Qualified Provider  
of Recreational Therapy

2014

# NCTRC Exam Content Outline

*Applicants preparing for the NCTRC certification exam should carefully review the specific content outline of the exam and become familiar with the manner in which the exam is administered. Periodic review and update of the exam content is mandated by the Institute for Credentialing Excellence (ICE). The NCTRC exam is administered by Prometric at more than 300 testing sites throughout the United States, Puerto Rico and Canada.*

*For additional information regarding the NCTRC exam please contact NCTRC at 845-639-1439, [nctrc@NCTRC.org](mailto:nctrc@NCTRC.org), or visit the website at [www.NCTRC.org](http://www.NCTRC.org).*

## Purpose of the Exam

The purpose of the NCTRC exam is to ensure that applicants demonstrate the necessary level of competence for entry into the profession. Critical to the validity of the examination process is the premise that the exam content truly reflects the nature and scope of professional practice. This vital link of assurance is established through the exam development process which includes the job analysis study, determination of test specifications, and construction of the exam content outline. In simple terms, a job analysis is a very detailed job description.

According to ICE (2001), a profession can be "... broken down into performance domains which broadly define the profession being delineated. Each performance domain is then broken down into tasks which help define each performance domain. In turn, each task is delineated further and broken down into knowledge and skill statements which further elaborate on each task". Among the outcomes of the job analysis study is a table of specifications, or blueprint, for the exam. These specifications include a categorical breakdown of the content used in the exam and the percentage of weight assigned to each domain. This percentage determines the number of questions within each section of the exam. The test specifications appear in **Table 1**.

## Job Analysis and Exam Content

In 2014, NCTRC completed a comprehensive and thorough review of its testing program, including a new job analysis study and exam content outline. A comprehensive report detailing the scope and nature of the 2014 Job Analysis Study including the results is available from NCTRC. The new NCTRC Exam Content Outline appears in **Table 2**.

It is important to note that the new version of the NCTRC Exam Content Outline contains an increase in the number of major content areas from four to six. However, in the final analysis this expansion does not reflect a major shift in actual knowledge content when compared to previous versions of the NCTRC Exam Content Outline.

## NCTRC Exam Process

The NCTRC exam is a variable-length test. During the administration of the exam, each group of questions (section) is timed separately. The base test is completed by all applicants and consists of 90 questions for which applicants are allotted 86 minutes. Applicants are permitted to move back and forth within the base test, but the base test may not be reviewed once it has been exited. Upon completion of the base test of 90 questions, applicants will receive (a) a passing score ending the exam; (b) a failing score ending the exam; or (c) a score that falls in a range that is neither failing nor passing and move to another section.

The additional sections are called "testlets", each containing 15 questions and lasting for 14 minutes. Applicants are permitted to move back and forth within each testlet, but each testlet may not be reviewed once it has been exited. Applicants should answer each question presented, marking any questions they would like to review should time permit in that section. At the end of each testlet, the same scoring as at the end of the base test will occur and the examination will either end or continue. A maximum of three hours of seat time will be granted if an applicant completes the base test and all testlets (total 180 questions).

Table 1  
**Test Specifications**

CONTENT AREAS	PERCENTAGE OF EXAM	NUMBER OF ITEMS PER TESTLET
<b>Foundational Knowledge</b>	20%	3
<b>Assessment Process</b>	19%	3
<b>Documentation</b>	18%	3
<b>Implementation</b>	26%	4
<b>Administration of TR/RT Service</b>	10%	1
<b>Advancement of the Profession</b>	7%	1
<b>Total</b>	<b>100%</b>	<b>15</b>

Table 2  
**NCTRC Exam Content Outline**

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**I. Foundational Knowledge (20%)**

**A. Theories and Concepts**

1. Human developmental stages across the lifespan
2. Theories of human behavior and principles of behavioral change (e.g., Maslow's hierarchy, social learning theory, experiential learning model, self-determination theory, stress-coping, societal attitudes)
3. Concepts and models of health and human services (e.g., medical model, community model, education model, health and wellness model, person-centered care model, International Classification of Functioning, recovery model, inclusion)
4. Principles of group dynamics and leadership
5. Legislative and regulatory guidelines and standards (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Joint Commission, CARF, Accreditation Canada)
6. Contributions of play, recreation, and leisure to health, and well-being (e.g., flow theory, benefits, quality of life, ICF)

**B. Practice Guidelines**

1. Models of TR/RT service delivery (e.g., Leisure Ability Model, Health Protection/Health Promotion Model, TR Service Delivery Model, Health and Well-Being Model)
2. Practice settings (e.g., hospital, long-term care, community-based, schools, home health care)
3. Standards of practice
4. Code of ethics
5. Professional qualifications (e.g., certification, licensure)
6. Cultural competency (e.g., social, cultural, educational, language, spiritual, socioeconomic, age, environment)

**C. Diagnostic Groupings**

1. Cognitive/developmental disorders and related impairments (e.g., dementia, traumatic brain injury, intellectual disabilities)
2. Physical/medical disorders and related impairments (e.g., diabetes, multiple sclerosis, muscular dystrophy, spinal cord injury, sensory impairments)
3. Psychiatric disorders and related impairments (e.g., addictions, PTSD)

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**II. Assessment Process (19%)**

**A. Selection and Implementation of Assessment**

1. Current TR/RT assessment instruments
2. Interprofessional assessment instruments, inventories and questionnaires (e.g., standardized rating systems, developmental screening tests)
3. Secondary sources of assessment data (e.g., records or charts, staff, support system)
4. Criteria for selection and/or development of assessment (e.g., reliability, validity, practicality, availability)
5. Implementation of assessment (e.g., behavioral observations, interviews, performance testing)

**B. Assessment Domains**

1. Sensory assessment (e.g., vision, hearing, tactile)
2. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
3. Social assessment (e.g., communication/interactive skills, relationships)
4. Physical assessment (e.g., fitness, motor skills function)
5. Affective assessment (e.g., attitude toward self, expression)
6. Leisure assessment (e.g., barriers, interests, values, patterns/skills, knowledge)
7. Functional skills assessment (e.g., access in the community, using social media, using transportation)

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**III. Documentation (18%)**

1. Interpretation and documentation of assessment results
  2. Individualized intervention plan (e.g., identification of problems, strategies for treatment, modalities)
  3. Writing measurable goals and behavioral objectives
  4. Progress/functional status (e.g., SOAP, FIM, DARP)
  5. Modification of intervention plan (e.g., reevaluation)
  6. Discharge/transition plan of person(s) served
  7. Required facility documentation (e.g., adverse incidents)
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#### IV. Implementation (26%)

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1. Selection of programs, activities and interventions to achieve the assessed needs of the person(s) served
2. Purpose and techniques of activity/task analysis
3. Activity modifications (e.g., assistive techniques, technology, and adaptive devices)
4. Modalities and/or interventions (e.g., leisure skill/education, assertiveness training, stress management, social skills, community reintegration)
5. Facilitation approaches (e.g., strengths based approach, holistic approach, person-centered, palliative care)
6. Intervention techniques (e.g., behavior management, counseling skills, experiential learning)
7. Risk management and safety concerns
8. Role and function of other health and human service professions and of interdisciplinary approaches (e.g., co-treatment, consultation, referral)

#### V. Administration of Therapeutic Recreation/Recreation Therapy Service (10%)

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1. TR/RT service plan of operation (e.g., TRAM model, policy and procedure development)
2. Procedures for program evaluation and accountability (e.g., attendance, participation rates, cost benefit analysis)
3. Quality improvement guidelines and techniques (e.g., utilization review, risk management, peer review, outcome monitoring)
4. Personnel, intern, and volunteer management (e.g., recruitment, supervision, coordination, evaluation)
5. Payment system (e.g., government funding, managed care, private contract, Medicare, Medicaid, ICDM)
6. Facility and equipment management (e.g., maintenance, upgrading, inventory)
7. Budgeting and fiscal management (e.g., fund acquisition, fund management)

#### VI. Advancement of the Profession (7%)

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1. Professionalism (e.g., professional boundaries, professional appearance, and behavior)
2. Credential maintenance and upgrading professional competencies (e.g., certification, recertification, licensure, continuing education, specializations)
3. Advocacy for person(s) served (e.g., patient/consumer rights, grievance policies, HIPAA)
4. Legislation and regulations pertaining to TR/RT (e.g., related service definitions, Affordable Care Act)
5. Public relations, promotion and marketing of the TR/RT profession
6. Professional associations and organizations
7. Research activities (e.g., review of evidence-based literature, efficacy of TR/RT interventions)
8. Collaboration between colleges/universities and recreational therapists (e.g., provision of internships, supporting research)



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NCTRC is a member of the Institute for Credentialing Excellence (ICE) and the CTRS Credentialing Program is accredited by National Commission for Certifying Agencies (NCCA).

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