



# CTRS ANNUAL MAINTENANCE APPLICATION

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

Name as it appears on ID \_\_\_\_\_ Certification Number \_\_\_\_\_

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 \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address/City/State(Province)/Zip(Postal)Code/Country \_\_\_\_\_

Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. Please check the box that best describes your employment status during the past year:

- I work full-time in TR/RT (at least 30 hours per week).
- I work full-time at my agency, but only part of this time is in TR/RT.  
Number of hours per week in TR/RT \_\_\_\_\_
- I work only part-time in TR/RT (less than 30 hours per week).  
Number of hours per week in TR/RT \_\_\_\_\_
- I do not work in TR/RT.
- I am not employed.
- Other \_\_\_\_\_

2. How would you best classify your position in TR/RT? (Select only the primary one):

- |                                    |                                     |   |  |                                |
|------------------------------------|-------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> Therapist | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Therapist/Supervisor | <input type="checkbox"/> Administrator | <input type="checkbox"/> Other |
| <input type="checkbox"/> Educator  | <input type="checkbox"/> Consultant | <input type="checkbox"/> Volunteer            | <input type="checkbox"/> Student       |                                |

Please enclose the Annual Maintenance Fee (\$80.00) + Specialty Certification Annual Maintenance (\$20.00) = **\$100.00.**

**Payment Options:** NCTRC accepts Credit Cards, Checks and Money Orders in US Funds. Please fill out 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: \_\_\_\_\_

**PLEASE COMPLETE MANDATORY SECTIONS ON THE BACK OF THIS FORM →**

## ELIGIBILITY QUESTIONS & DECLARATION

**Mandatory Sections:** Please complete all sections on this page for your application to be reviewed.

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### 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: \_\_\_ 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: \_\_\_ 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: \_\_\_ 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.

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### 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: \_\_\_\_\_

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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 sponsoring educational programs, conferences, and special research studies

Applicant Signature

Date