



# PRE-APPLICATION COURSEWORK REVIEW FORM

**NCTRC**  
 16 Squadron Blvd., Suite 101  
 New City, NY 10956  
 call (845) 639-1439  
 fax (845) 639-1471  
 email nctrc@NCTRC.org

Full Name \_\_\_\_\_

Current Full Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Work Phone (include area code) \_\_\_\_\_ Home Phone (include area code) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Were you previously eligible/certified with NCTRC? Yes  No

If yes, please provide name from previous application \_\_\_\_\_

Which Eligibility Path are you planning to apply under?

- Academic Path or Academic Path (Degree Pending)—Academic coursework and Internship
- Equivalency Path A—Academic coursework and 5 years of full time TR work experience
- Equivalency Path B—Academic coursework and 1 year of full time TR work experience under the supervision of a CTRS

**Please note: All review results are based on coursework listed by the applicant on this form only.**

| Therapeutic Recreation Course Titles<br>(Each course must be a minimum of 3 credits)  | Course Prefix | Course Number | Course Credit | Review Decision<br>Accepted ____ of 15<br>sem/20 quarter credits<br>TR Courses |
|---|---------------|---------------|---------------|--|
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| General Recreation Course Titles<br>(Each course must be a minimum of 3 credits)  |               |               |               | Accepted ____ of 3<br>sem/4 quarter credits<br>Rec Courses                     |
|   |               |               |               |  |
|   |               |               |               |  |
| Supportive Course Titles<br><b>To be filled out by Academic Path, Academic<br/>Path Degree Pending and Equivalency Path B<br/>applicants only</b><br>(Each course must be a minimum of 3 credits) |               |               |               | Accepted ____ of 18<br>sem/24 quarter credits<br>Support Courses               |
| Anatomy/Physiology:   |               |               |               |  |
| Human Growth and Development Across the<br>Lifespan:  |               |               |               |  |
| Abnormal Psychology:  |               |               |               |  |



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| <b>To be filled out by Equivalency Path A applicants only</b><br>Supportive Course Titles<br>(Each course must be a minimum of 3 credits) | Course Prefix  | Course Number | Course Credit | Review Decision<br>Accepted ____ of<br>24 sem/32 quarter<br>credits Support<br>Courses |
|---|--|---------------|---------------|--|
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| Date Received   | <i>NCTRC OFFICE USE ONLY</i><br>Amount and Date Paid |               | ID#           |  |

Please submit a check or money order payable to NCTRC in US funds or provide credit card information for \$35.00.

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: \_\_\_\_\_