



# PRE-APPLICATION COURSEWORK REVIEW FORM

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



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