



# EXAM REGISTRATION APPLICATION

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

Date of Application    ID Number/Social Security Number    Exam Preference-*January, March, May, July, September, November*

Gender    Female Male    Date of Birth

Name as it appears on ID

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

- Please check appropriate information.
- Professional Eligibility Application
  - CTRS's applying for Recertification (Please include Recertification Fee)
  - Individuals previously certified applying for Reentry program

- Do you need special accommodations to complete the exam?  
Yes No
- If Yes, please check the following accommodations you are requesting and submit the **NCTRC Special Testing Accommodation Application** according to the NCTRC instructions. If the required information is not provided, then special accommodations will not be provided at the test site.
- Reader    Marker    Separate Room
  - Double Test Time    Extended Test Time by 1.5
  - Sign Language Interpreter

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 programs, conferences, and special research studies.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

- Exam Registration fee—\$325.00    Reentry fee—\$80.00    Recertification fee—\$105.00
- Exam Rescheduling fee—\$25.00

**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: \_\_\_\_\_

NCTRC OFFICE USE ONLY		
Date Received	Amount and Date Paid	Date of Exam Registration

## 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?
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?
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?

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.
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.
3. To waive any claims against and release from all liability NCTRC, its officers, directors, employees, committee members, and agents 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.
5. To abide by all NCTRC testing conditions as published from time to time.

**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

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Applicant Signature

Date