

NOTE: NCTRC ENCOURAGES APPLICANTS TO USE THIS DOCUMENT AS THEY PREPARE THEIR APPLICATION MATERIALS, BUT ACTUAL SUBMISSION OF THE APPLICATION FOR PROFESSIONAL ELIGIBILITY MUST OCCUR THROUGH THE APPLICANT'S NCTRC ONLINE PROFILE at MY NCTRC LOGIN.



PROFESSIONAL ELIGIBILITY Application

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.

- First application for eligibility
- Second application for eligibility
- Previous certification expired _____

Which Application Path are you selecting?

- Academic Path **(Complete)**
- Academic Path **(Degree Pending)**
- Equivalency Path A
- Equivalency Path B

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 _____

Please enclose the Professional Eligibility Application & Exam Registration fee of \$425.00.

Applications submitted using Academic Path (Degree Pending) option require an additional \$25 processing fee (\$450.00)

Payment Options: NCTRC accepts Credit Cards, Checks and Money Orders in US funds.

FOR APPLICATION PREPARATION PURPOSES ONLY - DO NOT SEND TO NCTRC

Academic Preparation: Submit an **official** academic transcript for each college/university listed below. A student transcript copy is acceptable if it is the official student copy from the school. For those applying Academic Path (Complete), transcripts must indicate the date of graduation and the degree awarded. All transcripts **must accompany this application**. All transcript information must be in English or be accompanied by a notarized translation to English. List all courses that relate to the NCTRC Professional Eligibility Standards found in the *Certification Standards*. Enclose official course outlines for any independent study or special projects course listed below. Please print in ink or type all information.

College/University Name	State	Dates Attended	Major	Degree	Degree Date
		to			
		to			
		to			
		to			

Therapeutic Recreation Course Title (Only list content courses worth 3 or more credit hours each)	Course Prefix	Course Number	Course Credit

General Recreation Course Title (Only list content courses worth 3 or more credit hours each)	Course Prefix	Course Number	Course Credit

Supportive Course Title (Only list support courses worth 3 or more credit hours each)	Course Prefix	Course Number	Course Credit
Anatomy/Physiology			
Human Growth & Development Across the Lifespan			
Abnormal Psychology			

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ELIGIBILITY QUESTIONS & DECLARATION

Mandatory Sections: Please complete all sections on this page for your application to be reviewed. The Declarations must be signed in the presence of a Notary Public and have the proper seal affixed as evidence. NCTRC will not accept a notary without an affixed notary seal. A Notary is a public officer who attests or certifies writings to make them authentic.

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 or 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 or 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 or 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.

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.

NOTARIZATION OF NCTRC APPLICATION AND AGREEMENT TO ALL TERMS OF DECLARATIONS

AGREEMENT: 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 Agreement above. Your signature must be in the presence of a notary public, sworn to under oath and penalty of perjury, and must be affixed with an official notary seal. Applications without a notary seal will not be accepted.

PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

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