



ACADEMIC PATH APPLICANTS ONLY-Agency Internship Verification Form

CTRS Agency Internship Supervisor _____

Verification of Internship Experience in Therapeutic Recreation/Recreation Therapy: The individual listed below has indicated the completion of the internship in therapeutic recreation/recreation therapy. To the best of your knowledge and according to your records, please answer the following questions regarding your supervision of the applicant listed above:

Full Name of NCTRC Applicant _____

Agency Name _____

First month/day/year of placement _____

Final month/day/year of placement _____

Average number of hours per week during internship _____

Total weeks of internship _____

Total hours completed during internship _____

1. Were you the applicant's primary agency internship supervisor?
2. Did you provide direct supervision for the applicant during the internship experience?
3. Were you employed at least 30 hours per week at the agency with 50% of your job responsibilities in therapeutic recreation/recreation therapy (not a preceptor or consultant) throughout the applicant's entire internship experience?
4. Did the applicant complete the internship experience corresponding to the dates, number of weeks and total hours indicated above?
5. Was this placement for a minimum of 14 consecutive weeks and at least 20 hours per week?
6. Was the applicant you supervised exposed to opportunities to develop skills related to the therapeutic recreation/recreation therapy process as defined by the current NCTRC National Job Analysis Task Areas listed below?

- A. **Professional Relationship and Responsibilities:** establish/maintain therapeutic relationship; maintain safe/therapeutic environment; participate in in-service training/staff development; adhere to professional standards/code of ethics; maintain knowledge of current TR/RT standards.
- B. **Assessment:** request/secure referrals; obtain/review pertinent information; select/develop assessment methods; conduct assessments; analyze/interpret results; integrate/record/disseminate results.
- C. **Plan Interventions and/or Programs:** discuss results of assessment; develop/document individualized intervention plan; develop/select intervention/approaches; develop/select protocols; utilize activity/task analysis; select modifications/assistive technology.
- D. **Implement Interventions and/or Programs:** implement individual/group sessions; use leadership/facilitation techniques; monitor/address safety; observe person served for response to intervention; monitor effectiveness of individual/group intervention.
- E. **Evaluate Outcomes of the Interventions and/or Programs:** evaluate changes in functioning; determine effectiveness of individualized intervention plan; revise individualized intervention plan; evaluate need for termination of services; determine effectiveness of modalities/programs.
- F. **Document Intervention Services:** record behavioral observations; document occurrences relating to risk management; document modalities for program effectiveness.
- G. **Treatment Teams and/or Service Providers:** provide TR/RT information to team members; communicate information regarding person served; coordinate/integrate intervention plan; develop/provide collaborative services.
- H. **Develop and Maintain Programs:** maintain equipment/supply inventory; plan/coordinate support services; maintain program budget/expense records; develop/distribute schedules.
- I. **Manage TR/RT Services:** comply with standards/regulations; prepare/update written plan of operation; recruit/train/educate/supervise/evaluate staff; prepare annual budget; support research programs/projects; prepare summary reports of TR/RT services.
- J. **Awareness and Advocacy:** establish network with organizations/advocates; advocate for the rights of persons served; provide education to internal and external stakeholders; promote marketing/public relations; monitor legislative and regulatory changes.

If no, please explain: _____

Mandatory Section-To be completed by Agency Internship Supervisor:

I understand that by signing below, I am verifying that the student I supervised was exposed to opportunities to develop skills related to the therapeutic recreation/recreation therapy process as defined by the current NCTRC National Job Analysis Task Areas. I further understand that if any information I have supplied is determined to be incorrect, it can affect my certification status now and in the future.

Signature _____

Date _____