

FOR EQUIVALENCY PATH APPLICANTS ONLY

National Council for Therapeutic Recreation Certification Professional Eligibility Application

Employment Information Release and Authorization

Directions: Applicant and Human Resource or Personnel Director complete the form and submit it directly to NCTRC.

Agency Name	Area Code and Phone Number
Agency Address	Area Code and Fax Number
Agency City, State, Zip Code	Agency Email Address

Section to be completed by Applicant

Applicant Release and Authorization: Permission is hereby granted to furnish as part of my certification requirements to the National Council for Therapeutic Recreation Certification (NCTRC), information regarding

First Name	Middle/Maiden Name	Last Name	SSN (Last 4 digits)
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and you are further authorized to provide NCTRC with any additional information contained in my file which may be requested with my certification application.

/ /	through	/ /	
First month/day/year of employment		Final month/day/year of employment	

The above named applicant stated that they were employed at your agency as a full-time employee under the job title of _____ with full-time responsibilities in therapeutic recreation/recreation therapy services.

NOTE: This section of the form must be completed by Human Resource or Personnel Director.

Verification of Full-time Work Experience in Therapeutic Recreation/Recreation Therapy: To the best of your knowledge and according to your records, during the dates of employment listed above, was this individual:

- 1 Employed for the above dates, job title and duties? *(If no, please provide correct dates of employment and job title on an attached piece of paper.)* YES ___ NO ___
 - 2 Subject to an investigation or disciplinary action, suspension or termination by your organization or other health care organization that directly related to the provision of therapeutic recreation/recreation therapy services and/or public health and safety? YES ___ NO ___
 - 3 Subject to an investigation or disciplinary action by a governmental entity or regulatory or licensing agency or authority that directly related to the provision of therapeutic recreation/recreation therapy services and/or public health and safety? YES ___ NO ___
 - 4 Investigated, charged or convicted of any felony or misdemeanor directly relating to the provision of therapeutic recreation/recreation therapy services and/or public health and safety? YES ___ NO ___
- Please describe any YES responses for questions 2 through 4 on an attached piece of paper and include any documentation you believe may be of assistance to NCTRC in reviewing this applicant.*

Section to be completed by Employer

HR/Personnel Signature	Date
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Print Name	Job Title
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Please mail this completed form to: NCTRC, 16 Squadron Blvd., Suite 101, New City, NY 10956 or fax to 845-639-1471. If you have questions call 845-639-1439 or email question to: nctrc@NCTRC.org