

**FOR EQUIVALENCY PATH B APPLICANTS ONLY**

National Council for Therapeutic Recreation Certification Professional Eligibility Application

**Work Experience Supervision Verification Form**

\_\_\_\_\_  
CTRS Work Experience Supervisor

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Applicant's First Name

\_\_\_\_\_  
Middle/Maiden Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
SSN (Last 4 digits)

\_\_\_\_\_  
Agency

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
First month/day/year of work experience

\_\_\_\_\_  
Final month/day/year of work experience

\_\_\_\_\_  
Average Weekly Hours

**Verification of Work Experience:** The CTRS Work Experience Supervisor must complete the following information regarding the applicant listed above. Please submit this form by fax, email or mail to NCTRC immediately upon completion. Processing of the application for Professional Eligibility will not commence until this form is completed and returned to NCTRC. *Please refer to the NCTRC Certification Standards when completing this form.*

1. Were you the applicant's work experience supervisor? (One-year, full time paid work experience is defined as a minimum of 1500 hours worked; excluding scheduled and unscheduled leave; within a minimum of a full calendar year) YES \_\_\_ NO \_\_\_
  
2. Was the required work experience in therapeutic recreation/recreation therapy as defined by the NCTRC National Job Analysis? YES \_\_\_ NO \_\_\_
  
3. Did the supervision and work experience occur within the past five years? YES \_\_\_ NO \_\_\_
  
4. Did you provide on site supervision (\*see note below) for a minimum of one hour for every ten hours of the applicant's employment for a total of no less than 150 hours? YES \_\_\_ NO \_\_\_
  
5. Were you an active CTRS throughout the period of supervision? YES \_\_\_ NO \_\_\_
  
6. Did the supervision include direct observation of practice as well as supervisory meetings? YES \_\_\_ NO \_\_\_

***\*While onsite or direct supervision is strongly encouraged, NCTRC recognizes there may be applicants who are unable to receive onsite supervision with a CTRS. With current technology, there may be alternative effective models of supervision.***

*Please describe any "NO" responses for questions 1 to 6 on an attached piece of paper and include any documentation you believe may be of assistance to NCTRC in reviewing this applicant.*

**PLEASE READ AND SIGN THE VERIFICATION STATEMENT ON THE BACK OF THIS PAGE →**

**Verification Statement:**

During the work experience, the applicant 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 as 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.

I understand that by signing below, I am verifying that the individual 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.

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Signature

Date

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Print Name

NCTRC Certification Number

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Please print your exact job title during the work experience of this applicant.

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*Please submit this form to: NCTRC  
Fax—845-639-1471 or email—nctrc@NCTRC.org*

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