

Work Experience Supervision Verification Form



FOR EQUIVALENCY PATH APPLICANTS ONLY

CTRS® Work Experience Supervisor:

Mailing Address:

City: State/Province: Postal Code: Country:

Applicant's Name:

Agency:

Mailing Address:

City: State/Province: Postal Code: Country:

Work Experience Start Date:

Work Experience End Date:

VERIFICATION OF WORK EXPERIENCE

The CTRS® Work Experience Supervisor must complete the following information regarding the applicant listed above as required for the processing of the application for NCTRC Professional Eligibility. Applicant may upload completed form to the Professional Eligibility Application (form may also be submitted via fax, email or mailed to NCTRC upon completion). Please refer to the NCTRC Certification Standards when completing this form.

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| 1. Were you the applicant's work experience supervisor during the minimum of 1500 hours of paid work experience? | Yes | No |
| 2. Did the required paid work experience use the therapeutic recreation process as defined by the NCTRC National Job Analysis Study? | Yes | No |
| 3. Did you provide on site supervision for a minimum of one hour for every ten hours of the applicant's employment for a total of no less than 150 hours? 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. | Yes | No |
| 4. Were you an active CTRS® throughout the period of supervision? | Yes | No |

Please describe any "NO" responses for questions 1 to 4 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 process as defined by the [NCTRC National Job Analysis Study](#). 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

Printed Name

NCTRC Certification Number