



PROFESSIONAL ELIGIBILITY ANNUAL MAINTENANCE APPLICATION

NCTRC
16 Squadron Blvd., Suite 101
New City, NY 10956
call (845) 639-1439
fax (845) 639-1471
email nctrc@NCTRC.org
www.NCTRC.org

Name as it appears on ID _____ SSN (Last 4 digits) _____

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 _____

Agency _____

Agency Address/City/State(Province)/Zip(Postal)Code/Country _____

Employment: From ____ / ____ / ____ To ____ / ____ / ____

1. Please check the box that best describes your employment status during the past year:

I work in TR/RT (at least 30 hours per week).

I work in TR/RT (less than 30 hours per week).

Number of hours per week in TR/RT _____

I do not work in TR/RT.

2. How would you best classify your position in TR/RT? (Select only the primary one):

- Therapist Supervisor Therapist/Supervisor Administrator Other
- Educator Consultant Volunteer Student

Please enclose the Professional Eligibility Annual Maintenance fee of \$80.00.

Reinstatement fee—\$25.00

Payment Options: NCTRC accepts Credit Cards, Checks and Money Orders in US funds. Please fill out the appropriate selection:

CREDIT CARD CHECK MONEY ORDER

Visa MasterCard American Express

Name as it appears on card: _____

Card Number: _____

Expiration Date: ____ / ____ / ____

By signing below I do hereby authorize NCTRC to charge \$ _____ to the above Visa/MasterCard/American Express Account

Signature (required): _____

Date: _____

PLEASE COMPLETE MANDATORY SECTIONS ON THE BACK OF THIS FORM →

<i>NCTRC OFFICE USE ONLY</i>		
Date Received	Amount and Date Paid	Date of Eligibility Renewal

ELIGIBILITY QUESTIONS & DECLARATION

Mandatory Sections: Please complete all sections on this page for your application to be reviewed.

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?
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?
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?

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.

SIGNATURE: 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 above.

PRINTED NAME: _____SIGNATURE: _____DATE: _____

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 sponsoring educational programs, conferences, and special research studies

Applicant Signature

Date