

# CTRS® Recertification Application



Please review the Recertification Standards found in the Certification Standards before completing the Recertification application. **You may wish to recertify online at MY NCTRC LOGIN.**

## GENERAL INSTRUCTIONS

- 1. Please do not send records of continuing education to NCTRC unless requested to do so as part of the audit process.** Upon receipt of the recertification application, NCTRC will select a random percentage of applications for audit. Certificants who are selected for audit will be directly notified by email. Certificants will have 15 days to submit continuing education materials for the audit process. Failure to submit the continuing education materials in a timely manner will result in a denial of recertification.
2. Be sure certification is active and annual maintenance fees are up-to-date before submitting your application.

## RECERTIFICATION FEES (Credit Card and ACH Authorization Form attached)

- Submit the annual maintenance fee of **\$85.00** and the non-refundable recertification fee of **\$25.00** for a **total fee of \$110.00** with your Recertification Application.
- Recertification applications submitted after the respective expiration dates will enter a 60 day grace period. During this 60 days the certificant must pay a **\$50.00 late submission fee** in addition to the annual maintenance and recertification fees prior to review of their application. If the recertification application is submitted after the 60 day grace period, it will not be accepted; the applicant would need to use the Reentry Program to regain their CTRS® status.
- If the credit card information submitted is rejected, a \$20.00 fee will be charged. The subsequent payment must be submitted by either money order or cashier's check.
- If paying by check and the bank for any reason returns the check, an additional \$50.00 fee will be charged.

## APPLICANT INFORMATION

Name:	Date of Application:	
Certification Number:	Recertification Due Date:	
Mailing Address:		
City:	State/Province:	Postal Code:
Country:		
Preferred Phone:	Email:	

## RECERTIFICATION OPTION

### CONTINUING EDUCATION AND PROFESSIONAL EXPERIENCE

- Continuing Education (*minimum of 50 hours*)
  - Continuing Education Conferences and Workshops
  - Academic Courses
  - Professional Publications, Presentations, Internship Supervision
- Professional Experience (*minimum of 480 hours*)

### NCTRC OFFICE USE ONLY

Date Received:	Amount and Date Paid:	Date of Exam Registration:
----------------	-----------------------	----------------------------

## MANDATORY SECTIONS:

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

- |   |     |    |
|---|-----|----|
| 1. I attest that I have completed a minimum of 50 hours of continuing education that relates to the NCTRC Job Analysis Knowledge Areas. | Yes | No |
| 2. I attest that I have completed a minimum of 480 hours of professional experience that relates to the NCTRC Job Analysis Task Areas.  | Yes | No |

## ELIGIBILITY QUESTIONS & DECLARATION

**ELIGIBILITY QUESTIONS:** Please check the appropriate response. 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 <b>disabling condition or addiction to any substance</b> that could impair competent and objective professional performance of therapeutic recreation services and/or jeopardize public health and safety?   | Yes | No |
| 2. At any time, have you been subject to an <b>investigation or disciplinary action</b> by a health care organization, professional association, governmental entity or regulatory or licensing agency or authority?  | Yes | No |
| 3. Have you ever been convicted, found or entered a plea of guilty or <i>nolo contendere</i> , or are you presently being <b>investigated or charged with any felony or misdemeanor</b> directly relating to therapeutic recreation services or public health and safety? | Yes | No |

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.

---

Signature

Date

---

Printed Name

# NCTRC

## Credit Card and ACH Authorization Form

### CREDIT CARD

For your convenience NCTRC accepts Visa, MasterCard, American Express and Discover. Please complete the information below including signature and email, fax or mail to NCTRC.

Visa

MasterCard

American Express

Discover

Name as it Appears on Card:

Card Number:

Expiration Date:

Security Code:

Total:

### ACH TRANSFER

Please complete the information below including selecting account type and email, fax or mail to NCTRC.

Name on Account:

Account Number:

Routing Number:

Personal Checking

Personal Savings

Business Checking

Business Savings

By signing below I do hereby authorize NCTRC to charge \$  
credit card or bank account.

(payable to NCTRC in US Funds) to the above

Signature *(handwritten or digital)*

Date

National Council for Therapeutic  
Recreation Certification®

*Protecting and Promoting Since 1981*

845 639 1439

[nctrc.org](http://nctrc.org)

NCTRC is a member of the Institute for Credentialing Excellence (I.C.E.) and the CTRS Credentialing Program is accredited by National Commission for Certifying Agencies (NCCA). "NCTRC", "National Council for Therapeutic Recreation Certification", "CTRS", and "Certified Therapeutic Recreation Specialist" are the registered trademarks of the National Council for Therapeutic Recreation Certification. Unauthorized use of any NCTRC trademark or confusingly similar mark is strictly prohibited. NCTRC does not warrant or guarantee the provision of competent services by certificants; NCTRC certification helps to demonstrate the certificant has met the requirements for the profession.

©2023 National Council for Therapeutic Recreation Certification® All rights reserved. Copying and distribution in any medium is strictly prohibited without prior NCTRC® written consent.

