



CTRS RECERTIFICATION APPLICATION

Please review the Recertification Standards found in the Certification Standards booklet before you complete the Recertification application. The Recertification application has been edited to include the findings of the 2014 NCTRC Job Analysis. Please consult the NCTRC Certification Standards, Part V: NCTRC National Job Analysis for further information.

You may wish to recertify online at www.NCTRC.org. Please login for more information.

General Instructions

- ◆ Type or print all information in ink. Do not use pencil. (Note: this application is available online at www.NCTRC.org.)
- ◆ **Please do not send records of continuing education to NCTRC unless you are 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 NCTRC via postal mail. Certificants will have 15 days to submit their 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.
- ◆ Be sure your certification is active and annual maintenance fees are up-to-date before you submit your application.
- ◆ Please complete all sections of the application form which contains both your recertification and annual maintenance. Be sure to complete the Eligibility Questions and sign the Declarations Agreement on pages 4 & 5 of the application.
- ◆ Make a copy of the completed application and keep it for your records.
- ◆ It is advisable to send your application by certified mail.

Recertification Fees

- ◆ Submit the annual maintenance fee of \$80.00 and the non-refundable recertification fee of \$25.00 for a total fee of \$105.00 with your Recertification Application.
- ◆ You may elect to pay the total fee by credit card. Please complete the enclosed application form according to the stated directions if you wish to pay by credit card.
- ◆ If the credit card information you have submitted is rejected, you will be assessed \$20.00 for the rejected credit card. The subsequent payment must be submitted by either money order or cashier's check.
- ◆ If you pay by check and the bank for any reason returns your check, you will be charged \$50.00 for the returned check, plus the maintenance fee of \$105.00.



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NCTRC
 7 Elmwood Drive
 New City, NY 10956
 call (845) 639-1439
 fax (845) 639-1471
 email nctrc@NCTRC.org
 www.NCTRC.org

Date of Application: _____ Certification Number: _____ Recertification Due Date: _____

Name as it appears on ID _____

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) _____ Email Address _____

NCTRC RECERTIFICATION OPTIONS: Summarize the areas of Recertification Requirements you have earned on this page. There are two options for obtaining recertification:

OPTION 1: Continuing Education and Professional Experience

Continuing Education (A minimum of 50 hours required in this area)

- Continuing Education Conferences and Workshops
- Academic Courses
- Professional Publications and Presentations

Professional Experience (A minimum of 480 hours required in this area)

OPTION 2: Reexamination (You must submit the Exam Registration form and fee by the posted deadline to use this option)

Reexamination may only be taken during the last scheduled exam prior to recertification expiration date.

Date of Reexamination: _____

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

- Annual Maintenance (\$80) + Recertification (\$25) = Total of \$105 (Required for all recertification applications)
 Reinstatement Fee \$25 (first year of inactivity)/\$50 (years 2-5 of inactivity)

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: _____

		NCTRC OFFICE USE ONLY			
Date Received		Amount and Date Paid			Date of Initial Review
Process	Audit	Recertify	Yes	No	New Recertification Date

CONTINUING EDUCATION

Conferences and Workshops: Continuing Education includes professional workshops, conferences and other formal programs. List **the total number of hours obtained in your five year cycle**. Your continuing education content must relate to one of the knowledge areas of the NCTRC Job Analysis.

Academic Courses: Academic coursework must be taken at a college or university.

Publications: Articles, editorials, professional editing of textbooks, etc., that relate to therapeutic recreation.

Presentations: Presentations made at professional conferences, workshops or programs.

Internship Supervision: An internship training that includes intense professional training and results in documented student competence in the TR process.

Job Analysis Knowledge Codes:

FKW Foundational Knowledge

ASP Assessment Process

DOC Documentation

IMP Implementation

ADM Administration of TR/RT Service

ADV Advancement of the Profession

Please consult the NCTRC Certification Standards, Part V: NCTRC National Job Analysis for further explanation of the codes.

***MANDATORY SECTION: In submitting this NCTRC Recertification application, I attest that I have completed (total of 50 hours required):**

_____ hours of continuing education, relating to the NCTRC Job Analysis Knowledge Codes.

Letter codes: _____

_____ hours of academic coursework, relating to the NCTRC Job Analysis Knowledge Codes.

Letter codes: _____

_____ hours of publications, presentations, & internship supervision (no more than 25 hours can be earned in these areas), relating to the NCTRC Job Analysis Knowledge Codes. Letter codes: _____

PROFESSIONAL EXPERIENCE

Pertains to the Five-year Recertification Cycle: List your professional experience that was completed for a minimum of **480 hours** within your five year certification cycle. Acceptable work experience must be in therapeutic recreation/recreation therapy as defined by the Job Task Areas of the Job Analysis. If more than one position or experience is used, **include each position** using the same format.

How would you best classify the professional experience you are submitting in TR/RT? (Select only the primary one)

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

Agency Name _____ Agency Phone (include area code) _____

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

Job Title _____

Name of Supervisor _____ Supervisor's Job Title _____

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

Are you currently employed in this position? Yes No

National Job Analysis Job Task Areas	DESCRIPTION: Please briefly describe your job duties in the following categories derived from the NCTRC Job Analysis Task Areas for the above Professional Experience.	% of TIME
Professional Relationships and Responsibilities		
Assessment		
Plan Interventions and/or Programs		
Implement Interventions and/or Programs		
Evaluate Outcomes of the Interventions and/or Programs		
Document Intervention Services		
Treatment Teams and/or Service Providers		
Develop and Maintain Programs		
Manage TR/RT Services		
Awareness and Advocacy		

***MANDATORY SECTION: In submitting this NCTRC Recertification application, I attest that I have completed (total of 480 hours required): _____ hours of professional work experience.**

Pertains to the past year of employment: The following information must be completed for your CTRS Annual Maintenance based upon your past year of employment. **If you have more than one experience in the past year, attach additional experiences using the same format.** Please answer each question below.

Please indicate your place of employment **during the past year.**

Agency _____

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

Employment: From _____ / _____ / _____ To _____ / _____ / _____

1. Please check the box that best describes your current employment status:

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
 Educator Consultant Volunteer Student Other _____

ELIGIBILITY QUESTIONS & DECLARATION

Mandatory Sections: Please complete the following sections for your application to be reviewed.

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 **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?
YES _____ **or NO:** _____

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?
YES _____ **or NO:** _____

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?
YES _____ **or 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.

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