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THE STANDARDS HEARING COMMITTEE APPEALS APPLICATION

Last Name:		First Name:		Middle/Maiden Name:	
Certification ID:					
Home Address:					
City:		State:		Zip Code:	
Daytime Phone:			Home Phone:		
Fax Phone:			Email:		

Upon receipt of an adverse determination, a candidate has 45 days to submit an appeal application. If a candidate does not submit an appeal application and all supporting documentation requesting an appeal within 45 days, the candidate forfeits any right to an appeal. There is no additional filing fee to request an appeal.

1. *There are only two grounds for an appeal. Please check one of the grounds below for your appeal.*

- Demonstrate that the Certification Standards were not properly applied (i.e., error in review); or*
- Provide information that was not presented previously and which sustains the minimum requirements required for recertification (i.e., submitting additional information, **required fees** that had not been submitted, etc.)*

2. *There are only two components of a recertification application that may be reviewed in an appeal: professional work experience in therapeutic recreation or continuing education related to the therapeutic recreation knowledge areas. Please check the areas you are appealing and check all the areas that apply:*

- Professional experience*
- Continuing education (includes educational sessions/workshops, academic coursework, professional publications and professional presentations)*

Please follow the directions within this application to document your professional experience or continuing education and to justify how it meets the NCTRC recertification requirements.

PROFESSIONAL EXPERIENCE

To verify professional experience for recertification: If professional experience was not accepted in the review of your recertification application, this may be appealed by providing official documentation of acceptable therapeutic recreation experience. The majority of professional experiences that are not accepted in review are denied because of questionable description of duties and responsibilities, and inadequate information regarding the exact dates or total hours. Candidates appealing recertification denials on professional experience must provide official documentation of duties, dates or hours through the following:

- *Official agency job descriptions and/or verification of job description.*
- *Documentation from the agency regarding the exact beginning and end dates of the experience, the number of hours completed, and/or the nature of therapeutic recreation responsibilities completed at the agency.*

All letters from the agency should be typed on official agency letterhead and signed by the immediate supervisor at the agency. If the supervisor is no longer employed at the agency, a written letter may be obtained from the supervisor at his or her current place of employment along with a letter from the original agency to verify that the supervisor was employed during the time of the candidate's professional experience.

Describe professional therapeutic recreation experience that is at least 480 hours in length, occurred during your 5-year recertification cycle, and document the NCTRC Job Analysis Task Areas that you performed in this job. (Please copy and add as many of this page as needed to describe your 480 hour job experience in therapeutic recreation.)

Agency Name:		Agency Supervisor:	
Agency Address:			
City:		State:	
City:		Zip Code:	
Beginning date of employment:	mo. day year	Ending date of employment:	mo. day year
Total number of hours worked:	Which of the following did you submit as proof of the total hours worked?	<input type="checkbox"/> Time log <input type="checkbox"/> Letter from Supervisor <input type="checkbox"/> Other	
NCTRC Job Analysis Task Areas – Describe the specific job tasks used in this employment position and submit an official job description as proof of these duties:			
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Add any additional comments here that justify this experience as therapeutic recreation:			
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CONTINUING EDUCATION:

The continuing education component includes a wide range of educational opportunities. These include educational professional conferences, workshops, symposia, seminars, professional publications, professional presentations, and academic courses. The content of Continuing Education opportunities must relate directly to the NCTRC Job Analysis Knowledge Areas: **Foundational Knowledge (FKW), Practice of Therapeutic Recreation/Recreation Therapy (PTR) Organization of Therapeutic Recreation/Recreation Therapy (ORG) and Advancement of the Profession (ADV)**. Continuing education hours are measured according to the equivalency of an educational contact hour (60 minutes of actual classroom/instructional time, excluding registration time and breaks). List each continuing education experience below and indicate the original documentation provided to prove you completed the education along with justification that the content relates to the NCTRC Knowledge areas.

Name of educational experience:		Date attended:	Credits awarded:
Check one of the following:	<input type="checkbox"/> Conference or workshop (official and original credit documentation required) <input type="checkbox"/> Academic course (official transcript required) <input type="checkbox"/> Publication (copy of publication or a copy of the title page, table of contents and publication date.) <input type="checkbox"/> Presentation (copy of conference brochure listing presentation and letter of thanks from conference provider)		
1. Which area of the NCTRC Job Analysis Knowledge Areas does this continuing education relate to?			
2. How does the session relate to the NCTRC Job Analysis Knowledge Areas?			

Name of educational experience:		Date attended:	Credits awarded:
Check one of the following:	<input type="checkbox"/> Conference or workshop (official and original credit documentation required) <input type="checkbox"/> Academic course (official transcript required) <input type="checkbox"/> Publication (copy of publication or a copy of the title page, table of contents and publication date.) <input type="checkbox"/> Presentation (copy of conference brochure listing presentation and letter of thanks from conference provider)		
1. Which area of the NCTRC Job Analysis Knowledge Areas does this continuing education relate to?			
2. How does the session relate to the NCTRC Job Analysis Knowledge Areas?			

Name of educational experience:		Date attended:	Credits awarded:
Check one of the following:	<input type="checkbox"/> Conference or workshop (official and original credit documentation required) <input type="checkbox"/> Academic course (official transcript required) <input type="checkbox"/> Publication (copy of publication or a copy of the title page, table of contents and publication date.) <input type="checkbox"/> Presentation (copy of conference brochure listing presentation and letter of thanks from conference provider)		
1. Which area of the NCTRC Job Analysis Knowledge Areas does this continuing education relate to?			
2. How does the session relate to the NCTRC Job Analysis Knowledge Areas?			

**THE FOLLOWING SECTIONS MUST BE SIGNED OR
YOUR APPLICATION CANNOT BE PROCESSED**

APPEALS APPLICATION DECLARATIONS

- 1. I understand that it is my responsibility to demonstrate that an error occurred during the review of my application for recertification.*
- 2. I understand that the decision of the Standards Hearing Committee is final unless I prove the decision was an arbitrary and capricious one.*
- 3. I agree to abide by the decision of the Standards Hearing Committee regarding my qualifications for certification by the National Council for Therapeutic Recreation Certification.*
- 4. I pledge that all information submitted by me in conjunction with this appeal is true to the best of my knowledge and represents my work and qualifications.*
- 5. I understand that any falsification of my qualifications or the circumstances surrounding my appeals for recertification will result in a denial of my application for certification now and in the future.*
- 6. I agree to waive all claims and to indemnify NCTRC for any action taken by NCTRC.*

Signature

Date