

NCTRC

Exam Content Outline

CTRS®—The Qualified Provider



National Council for Therapeutic
Recreation Certification®

Protecting and Promoting Since 1981

IMPORTANT INFORMATION

Applicants preparing for the NCTRC certification exam should carefully review the specific content outline of the exam and become familiar with the manner in which the exam is administered. Periodic review and update of the exam content is mandated by the Institute for Credentialing Excellence (ICE). The NCTRC exam is administered by Prometric at more than 300 testing sites throughout the United States, Puerto Rico and Canada.

PURPOSE OF THE EXAM

The purpose of the NCTRC exam is to ensure that applicants demonstrate the necessary level of competence for entry into the profession. Critical to the validity of the examination process is the premise that the exam content truly reflects the nature and scope of professional practice. This vital link of assurance is established through the exam development process which includes the job analysis study, determination of test specifications, and construction of the exam content outline. In simple terms, a job analysis is a very detailed job description.

According to ICE (2001), a profession can be "... broken down into performance domains which broadly define the profession being delineated. Each performance domain is then broken down into tasks which help define each performance domain. In turn, each task is delineated further and broken down into knowledge and skill statements which further elaborate on each task". Among the outcomes of the job analysis study is a table of specifications, or blueprint, for the exam. These specifications include a categorical breakdown of the content used in the exam and the percentage of weight assigned to each domain. This percentage determines the number of questions within each section of the exam. The test specifications appear in **Table 1**.

TABLE 1: TEST SPECIFICATIONS

Content Areas	Percentage of Exam
Foundational Knowledge	20%
Assessment Process	19%
Documentation	18%
Implementation	26%
Administration of TR/RT Service	10%
Advancement of the Profession	7%
Total	100%

JOB ANALYSIS AND EXAM CONTENT

In 2014, NCTRC completed a comprehensive and thorough review of its testing program, including a new job analysis study and exam content outline. A comprehensive report detailing the scope and nature of the 2014 Job Analysis Study including the results is available from NCTRC. The new NCTRC Exam Content Outline appears in **Table 2**.

NCTRC EXAM PROCESS

The NCTRC examination is a 3 hour examination. During the administration of the examination, each candidate will be presented with an exam form consisting of 150 items. You are permitted to move back and forth within the test form and Candidates should answer each question presented, marking any questions you would like to review should time permit. The test may not be reviewed once it has been exited.

Upon completion of the test, you will receive a score report indicating pass or fail.

To maximize your time and to assure that you do not exit the test in error before answering all of the questions, you should attempt each question before reviewing marked questions. To ensure the valid development of the NCTRC exam program, a small number of items will be presented in order to gather performance statistic. These items will be non-scored, will not impact your test result and will be presented randomly within the test form.

TABLE 2: EXAM CONTENT OUTLINE

I. Foundational Knowledge	20%	II. Assessment Process	19%
A. Theories and Concepts <ol style="list-style-type: none"> Human developmental stages across the lifespan Theories of human behavior and principles of behavioral change (e.g., Maslow’s hierarchy, social learning theory, experiential learning model, self-determination theory, stress-coping, societal attitudes) Concepts and models of health and human services (e.g., medical model, community model, education model, health and wellness model, person-centered care model, International Classification of Functioning, recovery model, inclusion) Principles of group dynamics and leadership Legislative and regulatory guidelines and standards (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Joint Commission, CARF, Accreditation Canada) Contributions of play, recreation, and leisure to health, and well-being (e.g., flow theory, benefits, quality of life, ICF) 		A. Selection and Implementation of Assessment <ol style="list-style-type: none"> Current TR/RT assessment instruments Interprofessional assessment instruments, inventories and questionnaires (e.g., standardized rating systems, developmental screening tests) Secondary sources of assessment data (e.g., records or charts, staff, support system) Criteria for selection and/or development of assessment (e.g., reliability, validity, practicality, availability) Implementation of assessment (e.g., behavioral observations, interviews, performance testing) 	
B. Practice Guidelines <ol style="list-style-type: none"> Models of TR/RT service delivery (e.g., Leisure Ability Model, Health Protection/Health Promotion Model, TR Service Delivery Model, Health and Well-Being Model) Practice settings (e.g., hospital, long-term care, community-based, schools, home health care) Standards of practice Code of ethics Professional qualifications (e.g., certification, licensure) Cultural competency (e.g., social, cultural, educational, language, spiritual, socioeconomic, age, environment) 		B. Assessment Domains <ol style="list-style-type: none"> Sensory assessment (e.g., vision, hearing, tactile) Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness) Social assessment (e.g., communication/interactive skills, relationships) Physical assessment (e.g., fitness, motor skills function) Affective assessment (e.g., attitude toward self, expression) Leisure assessment (e.g., barriers, interests, values, patterns/skills, knowledge) Functional skills assessment (e.g., access in the community, using social media, using transportation) 	
C. Diagnostic Groupings <ol style="list-style-type: none"> Cognitive/developmental disorders and related impairments (e.g., dementia, traumatic brain injury, intellectual disabilities) Physical/medical disorders and related impairments (e.g., diabetes, multiple sclerosis, muscular dystrophy, spinal cord injury, sensory impairments) Psychiatric disorders and related impairments (e.g., addictions, PTSD) 		III. Documentation 18% <ol style="list-style-type: none"> Interpretation and documentation of assessment results Individualized intervention plan (e.g., identification of problems, strategies for treatment, modalities) Writing measurable goals and behavioral objectives Progress/functional status (e.g., SOAP, FIM, DARP) Modification of intervention plan (e.g., reevaluation) Discharge/transition plan of person(s) served Required facility documentation (e.g., adverse incidents) 	

IV. Implementation

26%

1. Selection of programs, activities and interventions to achieve the assessed needs of the person(s) served
2. Purpose and techniques of activity/task analysis
3. Activity modifications (e.g., assistive techniques, technology, and adaptive devices)
4. Modalities and/or interventions (e.g., leisure skill/education, assertiveness training, stress management, social skills, community reintegration)
5. Facilitation approaches (e.g., strengths based approach, holistic approach, person-centered, palliative care)
6. Intervention techniques (e.g., behavior management, counseling skills, experiential learning)
7. Risk management and safety concerns
8. Role and function of other health and human service professions and of interdisciplinary approaches (e.g., co-treatment, consultation, referral)

VI. Advancement of the Profession

7%

1. Professionalism (e.g., professional boundaries, professional appearance, and behavior)
2. Credential maintenance and upgrading professional competencies (e.g., certification, recertification, licensure, continuing education, specializations)
3. Advocacy for person(s) served (e.g., patient/consumer rights, grievance policies, HIPAA)
4. Legislation and regulations pertaining to TR/RT (e.g., related service definitions, Affordable Care Act)
5. Public relations, promotion and marketing of the TR/RT profession
6. Professional associations and organizations
7. Research activities (e.g., review of evidence-based literature, efficacy of TR/RT interventions)
8. Collaboration between colleges/universities and recreational therapists (e.g., provision of internships, supporting research)

V. Administration of TR/RT Service

10%

1. TR/RT service plan of operation (e.g., TRAM model, policy and procedure development)
2. Procedures for program evaluation and accountability (e.g., attendance, participation rates, cost benefit analysis)
3. Quality improvement guidelines and techniques (e.g., utilization review, risk management, peer review, outcome monitoring)
4. Personnel, intern, and volunteer management (e.g., recruitment, supervision, coordination, evaluation)
5. Payment system (e.g., government funding, managed care, private contract, Medicare, Medicaid, ICDM)
6. Facility and equipment management (e.g., maintenance, upgrading, inventory)
7. Budgeting and fiscal management (e.g., fund acquisition, fund management)

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NCTRC is a member of the Institute for Credentialing Excellence (ICE) and the CTRS Credentialing Program is accredited by National Commission for Certifying Agencies (NCCA).

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