



National Council for Therapeutic Recreation Certification®

*Protecting and Promoting Since 1981*

## NCTRC Webinar Request Form

Contact Name: \_\_\_\_\_

Organization/College/University Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Session Content Requested

Certification Process (students)

Internship Guidelines (internship supervisors or students entering internship)

Recertification and Areas of Specialization (CTRSs)

NCTRC Overview of Services

Other: \_\_\_\_\_

Duration of Session: \_\_\_\_\_

Preferred Date/Time of Session: \_\_\_\_\_

2nd Choice of Date/Time of Session: \_\_\_\_\_

**Technology Requirements:** Internet Connection, Webcam with Microphone/ Webcam with Phone/ Phone only

Hosted by Organization/College/University – List web based, video conferencing program you intend to use: \_\_\_\_\_

Hosted by NCTRC using Zoom (<https://zoom.us>)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_