



# PROFESSIONAL ELIGIBILITY APPLICATION

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

\_\_\_\_\_  **January 2008**  **May 2008**  **October 2008**  
 Date of Application                      Social Security Number                      Exam Date

\_\_\_\_\_  
 Name as it appears on ID

Female  Male  
 \_\_\_\_\_  
 Gender                                              Date of Birth

\_\_\_\_\_  
 Current Full Mailing Address

\_\_\_\_\_  
 City                                              State                                              Zip Code

\_\_\_\_\_  
 Work Phone (include area code)                      Home Phone (include area code)

\_\_\_\_\_  
 Fax Number (include area code)                      Email Address

<p>Please check appropriate information.</p> <p><input type="checkbox"/> First application for eligibility</p> <p><input type="checkbox"/> Second application for eligibility</p> <p><input type="checkbox"/> Previous certification expired _____</p> <p>Which Application Path are you selecting?</p> <p><input type="checkbox"/> Academic Path <b>(Complete)</b></p> <p><input type="checkbox"/> Academic Path <b>(Degree Pending)</b></p> <p><input type="checkbox"/> Equivalency Path A</p> <p><input type="checkbox"/> Equivalency Path B</p>	<p>Are you requesting special arrangements due to physical or cognitive impairments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes, please check the following special arrangements you are requesting and include documentation with this application according to the instructions for individuals with special arrangements. If the required information is not provided, special arrangements will not be made.</b></p> <p><input type="checkbox"/> Reader                      <input type="checkbox"/> Marker                      <input type="checkbox"/> Separate Room</p> <p><input type="checkbox"/> Double Test Time                      <input type="checkbox"/> Extended Test Time by 1.5</p> <p><input type="checkbox"/> Sign Language Interpreter</p>
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*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, programs, conferences, and special research studies.

\_\_\_\_\_  
*Applicant Signature*                                              *Date*

Please enclose the Professional Eligibility Application & Exam Registration fee of \$400.00. **Applications submitted using Academic Path (Degree Pending) option require an additional \$25 processing fee.**  
**Payment Options:** NCTRC accepts Credit Cards, Checks and Money Orders.

Please check the appropriate selection:  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: \_\_\_\_\_

	<i>NCTRC OFFICE USE ONLY</i>
Date Received	Amount and Date Paid

**Academic Preparation:** Submit an **official** academic transcript for each college/university listed below. A student transcript copy is acceptable if it is the official student copy from the school. Transcripts must indicate the date of graduation and the degree awarded. All transcripts **must accompany this application**. All transcript information must be in English or be accompanied by a notarized translation to English. List all courses that relate to the NCTRC Professional Eligibility Standards found in the *Certification Standards*. Enclose official course outlines for any independent study or special projects course listed below. Please print in ink or type all information.

College/University Name	State	Dates Attended	Major	Degree	Degree Date
		to			
		to			
		to			
		to			

Therapeutic Recreation Course Title (Only list content courses worth 3 or more credit hours each)	Course Prefix	Course Number	Course Credit

General Recreation Course Title (Only list content courses worth 3 or more credit hours each)	Course Prefix	Course Number	Course Credit

Supportive Course Title (Only list support courses worth 3 or more credit hours each)	Course Prefix	Course Number	Course Credit
Anatomy/Physiology			
Human Growth & Development Across the Lifespan			
Abnormal Psychology			





## ELIGIBILITY QUESTIONS & DECLARATION

**Mandatory Sections:** Please complete all sections on this page for your application to be reviewed. The Declarations must be signed in the presence of a Notary Public and have the proper seal affixed as evidence. NCTRC will not accept a notary without an affixed notary seal. A Notary is a public officer who attests or certifies writings to make them authentic.

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### ELIGIBILITY QUESTIONS

Please complete the following questions. 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.

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### 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 relating to eligibility, renewal and recertification, including, but not limited to, payment of applicable fees, demonstration of educational and experiential requirements, satisfaction of annual maintenance and recertification requirements, compliance with the NCTRC Grounds for Sanctions and other standards, and compliance with all NCTRC documentation and reporting requirements, as may be revised from time to time.
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 to state licensing boards or agencies, other health-care organizations, professional associations, employers or the public.
3. To hold NCTRC harmless and to waive, release and exonerate NCTRC, its officers, directors, employees, committee members, and agents from any claims that you may have against NCTRC 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. You agree to revocation or other limitation of your certification, if granted, should any statement made on this application or hereafter supplied to NCTRC is found to be false or inaccurate or if you violate any of the standards, rules or regulations of NCTRC.
5. To abide by the following testing conditions:
  - A. NCTRC reserves the right to refuse admission to any NCTRC examination if you do not have the proper identification, or if administration has begun. If you are refused admission for any of these reasons or fail to appear at the test site, you will not be entitled to a refund or deferral of the application or examination fees. During the exam, the use of scratch paper, calculators, or reference to textbooks or notes is prohibited and you are not allowed to remove any exam materials from the administration room.
  - B. NCTRC's examinations are only offered to individuals who are seeking NCTRC certification or recertification, and for no other purpose. NCTRC's exams and individual questions are copyright protected and highly confidential trade secrets. Any disclosure or reconstruction of test questions and content shall be a violation of NCTRC rules and subject to damages including, but not limited to, the cost of replacing the compromised question(s) and reconstruction of the exam, if advisable in the discretion of NCTRC.
  - C. Proctors are authorized to maintain a secure and proper test administration. You may not communicate with other examinees during the examination. Any irregular, disruptive, inappropriate or suspected cheating behavior by you may result in your relocation or removal from the examination site and/or a refusal to release your examination scores; in such event, your examination fees will not be refunded or deferred.

### NOTARIZATION OF NCTRC APPLICATION AND AGREEMENT TO ALL TERMS OF DECLARATIONS

**AGREEMENT:** 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 Agreement above. Your signature must be in the presence of a notary public, sworn to under oath and penalty of perjury, and must be affixed with an official notary seal. Applications without a notary seal will not be accepted.

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Notary Public of the State of \_\_\_\_\_; County of \_\_\_\_\_. On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the applicant personally appeared before me and stated under oath and penalty of perjury that the information contained in this application is true and correct and that the applicant agrees to abide by the terms and conditions identified in this application.

Notary Signature \_\_\_\_\_ SEAL:

My Commission Expires: \_\_\_\_\_

**FOR EQUIVALENCY PATH APPLICANTS ONLY**

National Council for Therapeutic Recreation Certification Professional Eligibility Application

**Employment Information Release and Authorization**

**Directions: Please complete this form using one (1) of the following methods.**

**Option 1:** Applicant and Human Resource or Personnel Director complete the form and submit it directly to NCTRC (This option requires notarized endorsement)

**Option 2:** Applicant completes the upper portion of the form and submits it directly to NCTRC (This option does not require the notarized endorsement)

**Human Resource or Personnel Director**

Agency Name	Area Code and Phone Number
Agency Address	Area Code and Fax Number
Agency City, State, Zip Code	Agency Email Address

**Applicant Release and Authorization:** You are hereby authorized and instructed to furnish as part of my certification requirements to the National Council for Therapeutic Recreation Certification (NCTRC), information regarding

First Name	Middle/Maiden Name	Last Name	Social Security Number
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and you are further authorized to provide NCTRC with any additional information contained in my file which may be requested with my certification application.

Signature of Applicant	Date
/ / through / / First month/day/year of employment      Final month/day/year of employment	

The above named applicant stated that they were employed at your agency as a full-time employee under the job title of \_\_\_\_\_ with full-time responsibilities in therapeutic recreation/recreation therapy services.

*NOTE: This section of the form must be completed by Human Resource or Personnel Director. If the form is given to you by the applicant, then your signature must be witnessed by an authorized notary.*

**Verification of Full-time Work Experience in Therapeutic Recreation/Recreation Therapy:** To the best of your knowledge and according to your records, during the dates of employment listed above, was this individual:

- 1 Employed for the above dates, job title and duties? *(If no, please provide correct dates of employment and job title on an attached piece of paper.)* YES \_\_\_ NO \_\_\_
- 2 Subject to an investigation or disciplinary action, suspension or termination by your organization or other health care organization that directly related to the provision of therapeutic recreation/recreation therapy services and/or public health and safety? YES \_\_\_ NO \_\_\_
- 3 Subject to an investigation or disciplinary action by a governmental entity or regulatory or licensing agency or authority that directly related to the provision of therapeutic recreation/recreation therapy services and/or public health and safety? YES \_\_\_ NO \_\_\_
- 4 Investigated, charged or convicted of any felony or misdemeanor directly relating to the provision of therapeutic recreation/recreation therapy services and/or public health and safety? YES \_\_\_ NO \_\_\_

*Please describe any YES responses for questions 2 through 4 on an attached piece of paper and include any documentation you believe may be of assistance to NCTRC in reviewing this applicant.*

Signature	Date
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Print Name	Job Title
Notary Public of the State of _____; County of _____.	

**On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, the individual personally appeared before me and stated under oath and penalty of perjury that the information contained in this application is true and correct and that the individual agrees to abide by the terms and conditions identified in this application.**

**Notary Signature** \_\_\_\_\_ **SEAL:**

**My Commission Expires:** \_\_\_\_\_

*Please mail this completed form to: NCTRC, 7 Elmwood Drive, New City, NY 10956 or fax to 845-639-1471  
If you have questions call 845-639-1439 or email question to: nctrc@NCTRC.org*

Section to be completed by Applicant

Section to be completed by Employer

**FOR ACADEMIC PATH APPLICANTS ONLY**

National Council for Therapeutic Recreation Certification Professional Eligibility Application

**Field Placement Verification Form**

**Directions:** Please complete this form after you have completed your field placement using one (1) of the following methods.

**Option 1:** Applicant and Field Placement Supervisor complete the form and submit it directly to NCTRC (This option requires notarized endorsement)

**Option 2:** Applicant completes the upper portion of the form and submits it directly to NCTRC (This option does not require the notarized endorsement)

CTRS Field Placement Supervisor	Area Code and Phone Number
Agency Name & Address	Area Code and Fax Number
Agency City, State, Zip Code	Agency Email Address

**Verification of Field Placement:** The individual listed below has indicated the completion of the field placement in therapeutic recreation/recreation therapy. Please verify this field placement experience by answering the questions provided and signing the verification statement at the end of this form.

First Name	Middle/Maiden Name	Last Name	Social Security Number
Agency	City		State
/ /	/ /		X =
First month/day/year of placement	Final month/day/year of placement	Total Weeks	Hours per week    Total Hours

*NOTE: This section of the form must be completed by the Field Placement Supervisor. If the form is given to you by the applicant, then your signature must be witnessed by an authorized notary.*

**Verification of Field Placement Experience in Therapeutic Recreation/Recreation Therapy:** To the best of your knowledge and according to your records, please answer the following questions regarding your supervision of the applicant listed above:

- |                                                                                                                                                                                                                                                                       |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1. Did the applicant complete the field placement experience corresponding to the dates, number of weeks and total hours indicated above?                                                                                                                             | YES ___ NO ___ |
| 2. Was this placement for a minimum of 12 <u>consecutive</u> weeks?                                                                                                                                                                                                   | YES ___ NO ___ |
| 3. Were you the applicant's primary field placement supervisor ?                                                                                                                                                                                                      | YES ___ NO ___ |
| 4. Did you provide direct supervision for the applicant during the field placement experience?                                                                                                                                                                        | YES ___ NO ___ |
| 5. Were you employed <u>full-time at the agency with 50% of your job responsibilities in therapeutic recreation/recreation therapy</u> (not a preceptor or consultant) throughout the applicants field placement experience?                                          | YES ___ NO ___ |
| 6. Was the applicant you supervised exposed to opportunities to develop skills related to the therapeutic recreation/recreation therapy process as defined by the current NCTRC National Job Analysis Task Areas? If no, please explain on a separate sheet of paper. | YES ___ NO ___ |

*Please describe any NO responses for questions 1 to 6 on an attached piece of paper and include any documentation you believe may be of assistance to NCTRC in reviewing this applicant.*

**PLEASE READ AND SIGN THE VERIFICATION STATEMENT ON THE BACK OF THIS PAGE →**

Section to be completed by Applicant

Section to be completed by Field Placement Supervisor



**Verification Statement:**

During the field placement experience, the applicant I supervised was exposed to opportunities to develop skills related to the therapeutic recreation/recreation therapy process as defined by the current NCTRC National Job Analysis Task Areas as listed below:

- A. **Professional Roles and Responsibilities:** establish/maintain therapeutic relationship; maintain safe/therapeutic environment; participate in in-service training/staff development; adhere to professional standards/code of ethics; maintain knowledge of current TR/RT standards.
- B. **Assessment:** request/secure referrals; obtain/review pertinent information; select/develop assessment methods; conduct assessments; analyze/interpret results; integrate/record/disseminate results.
- C. **Planning Interventions and/or Programs:** discuss results of assessment; develop/document individualized intervention plan; develop/select intervention/approaches; develop/select protocols; utilize activity/task analysis; select modifications/assistive technology.
- D. **Implementing Interventions and/or Programs:** implement individual/group sessions; use leadership/facilitation techniques; monitor/address safety; observe person served for response to intervention; monitor effectiveness of individual/group intervention.
- E. **Evaluate Outcomes of the Interventions and/or Programs:** evaluate changes in functioning; determine effectiveness of individualized intervention plan; revise individualized intervention plan; evaluate need for termination of services; determine effectiveness of modalities/programs.
- F. **Documenting Intervention Services:** record behavioral observations; document occurrences relating to risk management; document modalities for program effectiveness.
- G. **Working with Treatment and/or Service Teams:** provide TR/RT information to team members; communicate information regarding person served; coordinate/integrate intervention plan; develop/provide collaborative services.
- H. **Organizing Programs:** maintain equipment/supply inventory; plan/coordinate support services; maintain program budget/expense records; develop/distribute schedules.
- I. **Managing TR/RT Services:** comply with standards/regulations; conduct needs assessment; prepare/update written plan of operation; recruit/train/educate/supervise/evaluate staff; prepare annual budget; support research programs/projects; prepare summary reports of TR/RT services.
- J. **Public Awareness and Advocacy:** establish network with organizations/advocates; advocate for rights for persons served; provide education to the community; promote marketing/public relations.

**NOTARIZATION OF NCTRC FIELD PLACEMENT EXPERIENCE RECORD RELEASE FORM AND AGREEMENT TO ALL TERMS (Mandatory Section-To be completed by Field Placement Supervisor):**

I understand that by signing below, I am verifying that the student I supervised was exposed to opportunities to develop skills related to the therapeutic recreation/recreation therapy process as defined by the current NCTRC National Job Analysis Task Areas. I further understand that if any information I have supplied is determined to be incorrect, it can affect my certification status now and in the future.

Your signature must be in the presence of a notary public, sworn to under oath and penalty of perjury; and must be affixed with an official notary seal. Forms without a notary seal will not be accepted.

Supervisor's Name: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

NCTRC Certification Number: \_\_\_\_\_ Date: \_\_\_\_\_

Your Job Title during Field Placement Experience: \_\_\_\_\_

**Notary Public of the State of \_\_\_\_\_; County of \_\_\_\_\_. On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, the individual personally appeared before me and stated under oath and penalty of perjury that the information contained in this application is true and correct and that the individual agrees to abide by the terms and conditions identified in this application.**

**Notary Signature \_\_\_\_\_ SEAL:**

**My Commission Expires: \_\_\_\_\_**