



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 2007 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 30 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 your annual maintenance fee of \$80.00 with your Recertification Application.
- ◆ Submit an additional \$50.00 recertification fee if application is postmarked between May 2 - June 30 (May cycle) or November 2 - December 31 (November cycle) for a total fee of \$130.00.
- ◆ You may elect to pay the recertification 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 \$80.00.
- ◆ Any recertification application that is returned or rejected for being incomplete or not meeting recertification requirements, may be re-submitted provided the second and any subsequent applications are received within the five year certification cycle and accompanied by an administrative fee of \$25.00 plus any late fees. Recertification will only be awarded to those CTRSs who have paid all maintenance fees for the five year certification cycle.



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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

May 1 **November 1**

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 Fee **\$80** (Required for all recertification applications)

Recertification Fee **\$50** (Waived if postmarked on or prior to Nov 1 or May 1)

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.

Job Analysis Knowledge Codes:

- FKW** Foundational Knowledge
- PTR** Practice of TR/RT
- ORG** Organization of TR/RT
- 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 (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. If part time or volunteer, **submit work verification.**

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 Roles and Responsibilities		
Assessment		
Planning Interventions and/or Programs		
Implementing Interventions and/or Programs		
Evaluate Outcomes of the Interventions and/or Programs		
Documenting Intervention Services		
Working with Treatment and/or Service Teams		
Organizing Programs		
Managing TR/RT Services		
Public 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.** 10/11

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 full-time in TR/RT (at least 32 hours per week).

I work full-time at my agency, but only part of the time is in TR/RT.

Number of hours per week in TR/RT _____

I work only part-time in TR/RT (less than 32 hours per week).

Number of hours per week in TR/RT _____

I do not work in TR/RT.

I am not employed.

Other _____

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 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.

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