



APPLICANT AND EXAM INFORMATION

Date of Application: _____ ID Number: _____

Exam Preference (*January, March, May, July, September, November*): _____

Name as it appears on ID: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Preferred Phone: _____ Email: _____

Please check appropriate information:

Professional Eligibility Application

CTRSs Applying for Recertification (*please include recertification fee*)

Individuals Previously Certified Applying for Reentry Program

Do you need testing accommodations to complete the exam? Yes No

If Yes, please check the following accommodations you are requesting and submit the NCTRC Testing Accommodation application according to the NCTRC instructions. If the required information is not provided, then testing accommodations will not be provided at the test site.

Reader	Separate Room
Marker	Extended Test Time (<i>1.5</i>)
Double Test Time	JAWS (<i>computer screen reader</i>)
Sign Language Interpreter (<i>for spoken directions only</i>)	Other: _____

FEES AND PAYMENT

Exam Registration Fee: \$325 Reentry Fee: \$80

Recertification Fee: \$80 Exam Rescheduling Fee: \$25

Credit Card and ACH Authorization Form attached.

NCTRC OFFICE USE ONLY

Date Received:

Amount and Date Paid:

Date of Exam Registration:

ELIGIBILITY QUESTIONS & DECLARATION

Mandatory Sections: Please complete all sections on this page 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 | 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 | No |
| 3. Have you ever been convicted, found or entered a plea of guilty or <i>nolo contendere</i> , 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 | 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 all NCTRC testing conditions as published from time to time.

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.

Signature (*handwritten or digital*)

Date

National Council for Therapeutic
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NCTRC

Credit Card and ACH Authorization Form

CREDIT CARD

For your convenience NCTRC accepts Visa, MasterCard, American Express and Discover. Please complete the information below including signature and email, fax or mail to NCTRC.

Visa

MasterCard

American Express

Discover

Name as it Appears on Card:

Card Number:

Expiration Date:

Security Code:

Total:

ACH TRANSFER

Please complete the information below including selecting account type and email, fax or mail to NCTRC.

Name on Account:

Account Number:

Routing Number:

Personal Checking

Personal Savings

Business Checking

Business Savings

By signing below I do hereby authorize NCTRC to charge \$
credit card or bank account.

(payable to NCTRC in US Funds) to the above

Signature *(handwritten or digital)*

Date

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