

# MEMO

**DATE:** September 2020  
**TO:** CBRPC Therapeutic Recreation Fieldwork/Internship Agency  
**FROM:** CBRPC  
**SUBJECT:** **FALL 2020 AGENCY RENEWAL & PAYMENT FORMS**

Complete the following information and payment fee form and return to: CBRPC Office postmarked **no later Friday September 11th to avoid the late fee.**

**Renewals received after the 9/11/20 deadline through 10/15/20 will be considered late and will be required to pay the late fee.** No documents will be processed until all fees are paid. Renewals received AFTER October 15, 2020 will be considered expired and the agency will be required to go through the New Agency application process.

**REQUIRED DOCUMENTATION AND FEE (review and complete attachments):** If paying by credit card- you can SCAN renewal information & payment to email to [cbrpcca@gmail.com](mailto:cbrpcca@gmail.com)

If paying by check or money order- complete the payment form- mail the check and application to: CBRPC PO Box 2137 Fallbrook, CA 92088.

Minimum number of required Internship hours: **600 hours.** Agencies can require more hours, but not less.

## FALL 2020 FIELDWORK/ INTERNSHIP AGENCY RENEWAL & PAYMENT FORMS

**AGENCY IDENTIFICATION** *complete all areas*

<b>Agency Name</b>		
<b>CBRPC Agency Certification number:</b>		<b>Therapeutic Recreation Unit(s):</b>
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
Phone (include area code) Extension#		
Email:		
<b>Name of State Certified Therapeutic Recreator/Recreation Therapist</b>		
<b>CA Board of Recreation &amp; Park Required Certification: RTC #</b>		<b>-T / NCTRC Certification Number</b>
<b>Cell Phone</b> (include area code):		<b>SETTING:</b> <input type="checkbox"/> Clinical <input type="checkbox"/> Community <input type="checkbox"/> Other:
<b>Recreation Therapy Interns students required to complete a minimum number of</b>		<b>weeks and total hours:</b>

**POPULATIONS AGENCY PROVIDES SERVICE TO** (Check all that apply)

<input type="checkbox"/> Active Seniors	<input type="checkbox"/> Brain/head Trauma	<input type="checkbox"/> Hospice	<input type="checkbox"/> Physical Rehab
<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> CVA	<input type="checkbox"/> Intellectually Disabled	<input type="checkbox"/> Public School & Special Ed Students
<input type="checkbox"/> Abused	<input type="checkbox"/> Deaf/hearing impaired	<input type="checkbox"/> Mental Health Conditions	<input type="checkbox"/> Sex offenders
<input type="checkbox"/> Acute Care	<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Sexually Transmitted Diseases
<input type="checkbox"/> Blind/visually Impaired	<input type="checkbox"/> Forensic/Prisons/Detention	<input type="checkbox"/> Oncology	<input type="checkbox"/> Youth at risk

**AGES AGENCY SERVES** (Check all that apply)

birth to 2 years  3 to 7  8-12  13-18  19-64  65 and above

**TRAINING DATA FOR YEAR** (if you had no interns, please state that)

Name of Intern Trainee	University Affiliation (Name)	Dates of Experience

**PERSONNEL:** All personnel listed in this section must be currently CBRPC certified or eligible, be employed full time (30 hours a week) and have been employed full time in therapeutic recreation for two years or more. (CBRPC eligible means person has applied to CBRPC and has been approved to sit for the RTC exam) Online A, list qualified staff member with the primary responsibility for coordinating the student training program. Online B list all other qualified staff members who will supervise internship/fieldwork TR students. On line 3 list all other qualified staff members who will supervise internship/fieldwork students. Indicate certification status by checking appropriate space and attach proof of current certification status for all personnel listed. Attach a "Personnel Qualification Form" for all personnel listed below.

Name	Title	CBRPC RTC #	If not currently certified CBRPC Eligible	Total yrs /T Work experience
A.		-T	<input type="checkbox"/> Yes; date expected to be certified: <input type="checkbox"/> No	
B.		-T	<input type="checkbox"/> Yes; date expected to be certified: <input type="checkbox"/> No	
C.		-T	<input type="checkbox"/> Yes; date expected to be certified: <input type="checkbox"/> No	
D.		-T	<input type="checkbox"/> Yes; date expected to be certified: <input type="checkbox"/> No	

**Agency will use services of a preceptor:**  No  Yes. *If yes, attach a preceptor application form. Note: If a preceptor has been used during the year, a "Preceptor's Annual Report" is required. Preceptors may be used for a total of 2 years, after that the RT at the facility/agency must be state certified.*



**CERTIFICATION:** I hereby certify that this application indicated all changes in personnel and certification status occurring during the past year. I further certify that there have not been changes in the services/programs provided by our agency; the clients/consumers served the content of our training program or any other element affecting our approval status with CBRPC.

<b>Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

## FALL 2020 AGENCY RENEWAL PAYMENT INFORMATION

Name of Renewal Agency: \_\_\_\_\_

Print Clearly

CREDIT CARD/CHECK/MONEY ORDER FEES	Check that apply	Amount
RT Internship Agency Renewal (check)		\$ 75.00
RT Internship Agency Renewal (check) <b>LATE PAYMENT FEE applies Sept 12 to October 15, 2020</b>		\$131.00
  <b>CREDIT CARD PAYMENT</b> (includes \$5 processing fee)		Amount
RT Internship Agency Renewal (credit card)		\$ 80.00
RT Internship Agency Renewal (credit card) <b>LATE PAYMENT FEE applies Sept 12 to Oct. 15, 2020</b>		\$136.00
<b>TOTAL AMOUNT PAID</b>		<b>\$</b>



**CHECK/ CASHIER'S or MONEY ORDER PAYMENT:**

Payment by Check/Money Order # \_\_\_\_\_ (attach/enclose check/money order)

Make payment to: CBRPC

Or

**CREDIT CARD PAYMENT- please check one:**

 OR  

**CREDIT CARD NUMBER**

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Credit Card Expiration Date		Cardholder Printed Name	
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Card Holder Signature		Card Holder Cell Phone & Area Code
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Card Holder BILLING Address/City State/Zip Code	
Email Address:	

Date of Completion	
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**Email renewal application and credit card payment form If making payment by credit card  
Mail renewal application if paying by check or money order (application may be emailed)**

## THERAPEUTIC RECREATION INTERNSHIP CONFIRMATION FORM

(Please print or type clearly)

Student's Full Name:		
Mailing Address:		
City:	State:	Zip Code:
Email:		
Date of Birth:	Cell Phone (include area code):	
University:		
University Faculty Advisor's Name:		
Phone (include area code):	Email:	
Date Internship began: / /	Date Internship Completed: / /	Total hours completed:
Agency/Organization Name:		
Program/Unit/Department:		
Certified Recreation Therapy Supervisor's Name:		
Title:		
Recreation Therapy Certification numbers: CBRPC	-T Expiration date: / /	
CBRPC Agency Placement Certification Number (found on your agency certificate):	expiration:	
<p><b>IMPORTANT:</b> If agency is not currently a certified agency, it must obtain certification or be ineligible for TR Interns. Preceptor can be utilized for a <b>maximum</b> of 2 years. One or more of the agency staff must become State certified to be eligible for the agency to become certified for recreation therapy students within the state of CA.</p>		

**Agency RTC Representative Verifying Internship Experience:**

I \_\_\_\_\_ declare that the information provided above are accurate and true.

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

Certification: CBRPC #    -T Expiration:	NCTRC #                      Expiration
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Dated: \_\_\_\_\_