California Board of Recreation and Park Certification, Inc
California Certification Promotes Pride & Excellence in the Field
P.O. Box 2137 Fallbrook, CA 92088 V/M & Text: 661-538-1332 Email: cbrpcca@gmail.com Website: cbrpc.org

PLOA Professional Leave of Absence Form

For certificants who have, during the last 2 years been off work due to: 1) caring for family, 2) surgery,3) illness etc. and unable to obtain CEU's. This option is available for 3 renewal cycles- 6 years. Fees must be paid every two years.

CERTIFICATION NUMBERS	DATE OF BIRTH
RTC# -T & or RC#	**Month: Day: Year:**
ADDITIONAL CERTIFICATIONS	**CURRENTLY EMPLOYED IN THE FIELD?**
Additional Current Certifications- check if apply: ☐ CTRS ☐ CPRP	**Are you currently employed in the field?** ☐ Yes ☐ No briefly explain:
Employed in the field; check all that apply ☐ Per Deim ☐ P/T ☐ F/T ☐ Clinical ☐ Community	**How many years have you been working in the field?**

PRESENT JOB TITLE

Check which applies to your position:
☐Therapist ☐Supervisor ☐Management/ Administration ☐Educator ☐Self-Employed ☐ Retired ☐Unemployed ☐Other; briefly explain:

CHECK ALL THAT APPLY: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr ☐ PhD ☐ EdD ☐ other: explain

Has your last name changed since last renewal? ☐ No ☐ Yes; previous last name:

CURRENT LAST Name:	**FIRST Name:**	**Middle Initial:**
CURRENT Mailing Address:		**Apt/Unit/Space #**
City & State		**Zip Code:**
Include area codes **H:** **C:**		**W:**
PREFERRED Email:		**Mailing address change ?** ☐ No ☐ Yes

Race/Ethnicity (check all that apply)		***Gender***
The information below is for research and understanding our Certificant's diversity and your name will never be used. We respect your right to privacy. I identify with: ☐ Native American/American Indian/Alaskan Native ☐ Asian/Asian American/ Pacific Islander/Filipino ☐ Black/African American/ African ☐ White/European ☐ Hispanic/Latino ☐ Middle Eastern ☐ Race/Ethnicity Not Listed (Please specify):		*The information below is for research and understanding our Certificant's diversity and your name will never be used. We respect your right to privacy. I identify with:* ☐ Male ☐ Female ☐ Other (specify): ☐ Prefer not to answer

Reason for applying for leave of absence: (need more space- use other side of paper)

DECLARATION: *I have read over and understand the Personal Leave of Absence plan provides up to six years of leave. The leave will be tracked in two-year increments for a grand total of three cycles. Each (2 year) cycle must be applied for and paid for. These cycles need not be continuous. RTC certification must be current at the time of my application and received 30 days prior to my deadline for recertification.*
If I am in an "Extension" period, then I am not eligible to apply for PLOA status. RTC renewal fees must be maintained. When I apply for reinstatement, I must demonstrate completion of 2.0 CEUs with the previous 24 months. I further understand that during the PLOA I cannot be working in the field and representing myself as an RTC, doing so will lead to the permanent loss of my state certification.

Signature:	**Date:**

RTC/RC/RTAR PLOA (Professional Leave of Absence) PAYMENT FORM

Must be completed and return with form(s)

FEES for payment with a Check or Money Order	Check that apply	Amount
RTC PLOA Professional Leave of Absence Fee		$ 100.00
RTC PLOA Professional Leave of Absence LATE FEE *(includes the PLOA fee of $100)* After Renewal Deadline		$ 150.00
FEES ($5.00) for payment with a Credit Card		
RTC PLOA Professional Leave of Absence		$ 105.00
RTC PLOA Professional Leave of Absence LATE FEE Applies *(includes the renewal fee of $100)* After Renewal Deadline		$ 155.00
RTC Replacement Certificate Fee		$ 20.00
CBRPC Lapel Pin		$ 8.00
Tax Deductible Donation to CBRPC, Inc Non-Profit- 501(c)(3)		$
Total Amount Enclosed		$

PAYMENT INFORMATION

Check here for payment with check/money order/ Cashier's check ☐

Check enclosed Check/MO/Cashier's Check # **Make check payable to: CBRPC**

PAYING BY CREDIT CARD: check which credit card you are using and include all information below

☐ VISA or ☐ MasterCard

Credit Card Number:

				-					-					-				

Credit Card Expiration Date:

Cardholder Printed Name:

Cardholder Signature:

Cardholder BILLING Address/City/ State: _____

Cardholder phone number & area code:

Cardholder email:

Date of completion:

Paying by credit card- Forms & Payment: 1) mail to address below, or 2) email cbrpcca@gmail.com as attachment

Paying by check/money order/cashier's check- mail payment and forms to: CBRPC, Inc P.O. Box 2137 Fallbrook, CA 92088