

California Board of Recreation and Park Certification, Inc

P.O. Box 2137 Fallbrook, CA 92088 V/M/Text: 661-538-1332 E: cbrpcca@gmail.com.com Web site: cbrpc.org

Date: October 7, 2020
To: RTC's Whose Renewal Expires December 31, 2020
Subject: **RTC DECEMBER 2020 RENEWAL**

Welcome to your RTC renewal. Your commitment to professional development and growth is appreciated. Please review all of the **important information** located in this memo as there have been exciting and important changes to the recertification process.

Renewals must be post marked no later than Friday, November 20, 2020 to avoid the late fee and delay in receiving your renewal. *Any renewal application received between November 20 through December 18, 2020 is considered LATE and additional fees apply. No applications will be reviewed after December 18th.*

For this renewal cycle, 2.0 CEU/20 Contact hours accepted between December 1, 2018 to November 19, 2020.

This packet includes forms for:

- 1) **RTC and or RTC/RC Renewal** & payment form (pgs. 4-7 only)
- 2) **2020 Extension** & payment form (pgs.8-9) (If you don't have 2.0 CEU's and need additional time use this form)
- 3) **2020 PLOA Professional Leave of Absence** & payment form (pgs. 10-11) (If you are on disability, caring for loved ones or have other medical issues use this form)
- 4) **2020 Will Not Be Renewing/Retired/Not working in Field** (pg. 12)

The results of the CBRPC Recertification Review Committee will be mailed out by the end of December before your certification expires.

If there are concerns/questions with your renewal, the committee member reviewing your renewal will contact you for clarification and/or additional information.

ONCE THE RENEWAL IS APPROVED, begin earning your next 2.0 CEU's which must fall within December 1, 2020 to November 19, 2022 (see items in red regarding these changes).

THE PROCESS:

- 1) **Complete the forms that are required for your recertification, incomplete forms are subject to return. Be sure to sign and date your renewal form.**
- 2) **Attach copies** of your CEU's in the order listed on your form . **The provided form prompts you to write out each session, provider number, CBRPC knowledge code.** Contact/CEU hours must fall within your current cycle.
- 3) **Complete and return the appropriate form and renewal payment** (*please do not return the instructions or forms you did not use*).
- 4) CBRPC has a new email address, please make note of it in your records: **cbrpcca@gmail.com**
- 4) **Keep a file with copies of your renewals** and CEU's.

Please note current and future changes to continuing education unit requirements as approved by the CBRPC Board in March 2020:

On-Line webinars/conferences/classes may now be used for **2.0 CEU's (20 Contact Hours)**. The existing standards for acceptance of these courses remain in place. All courses must have a provider number and relate to professional competencies.

For the remainder of 2020 CBRPC will continue to accept safety related courses, computer skill courses and work required courses (MAB, HIPAA/Privacy, Food Safety etc.).

REMINDER: UPON COMPLETION OF THIS CYCLE SAFETY RELATED, WORK REQUIRED TRAINING, LANGUAGE AND COMPUTER CLASSES WILL NO LONGER BE ACCEPTED FOR RECERTIFICATION.

<p>Reminder: 2.0 CEU'S are required every renewal cycle. This recertification must contain CEU's obtained 12/1/2018 TO 11/19/2020.</p>
<p>CEU VERIFICATION FORM TO INCLUDE THE FOLLOWING:</p>
<p>→ Name of Certificant</p>
<p>→ Title of Continuing Education - <i>CEU's earned must relate to the profession and aligned to at least one CBRPC knowledge code</i></p>
<p>→ Specific Location/Date/Time</p>
<p>→ CEU/Contact Hours Earned</p>
<p>→ Title of each session</p>
<p>→ CEU Provider Name and Number <i>Example: ATRA/CPRS/ NRPA or Board of Registered Nurses #</i></p>
<p>IMPORTANT:</p> <ul style="list-style-type: none"> ○ Training or attendance records completed at your facility/agency are NOT acceptable documentation. The committee will require certificate of completion or formal documentation stating your full name/ Title of Training Course/ Location/ Date/ CEU hours and Provider Number. ○ Attach copies of your CEU documentation and document the title of each session in the order of your CEU documentation. ○ 1 contact hour = 0.1 CEU. 10 contact hours= 1.0 CEU 20 contact hours= 2.0 CEU's
<p>CEU HOUR GUIDELINES</p>
<p>OLINE LEARNING AND CORRESPONDENCE COURSES - 2.0 CEU'S can be submitted, documentation <u>must include a provide number.</u></p>
<p>SAFETY RELATED COURSES limited up to <u>0.5 CEU or 5 Contact Hours</u>. (i.e., CPR, FA, PRO ACT, CPI, Food Handlers & Safety Courses, MAB, Water Safety, Fire Safety, Back Safety, Basic Infection Control, Disaster Emergency Triage, etc.). <i>This is the last cycle safety related courses will be accepted for the continuing education requirement.</i></p> <p>IMPORTANT:</p> <ul style="list-style-type: none"> ○ Documentation must include 1) class title. 2) length of class to determine how many CEU's will be awarded, 3) location, date and time 4) Your name must be on the document. Example: CPR class lasting 2 hours will be awarded 0.2 CEU 2 Contact hours. It is not automatically awarded 0.5 CEU/5 Contact Hours because it is a CPR Class.
<p>COMPUTER SKILLS COURSES limited to 0.5 CEU'S/5 contact hours. LAST cycle to submit</p>
<p>LANGUAGE COURSES limited to 1.0 CEU/10 contact hours. LAST cycle to submit</p>

CEU's/CONTACT HOURS for WRITTEN PUBLICATIONS (books, articles, thesis, dissertations)

- Approved when you are the author/written current published text book/ Thesis & Dissertation during the 2-year cycle. **Limited 1.0 CEU/10 contact hours.**
- Approved when you the Author of published articles (co-author not accepted) in professional magazines or newspapers. **Limited .2 CEU's or 2 contact hours.**
- Proof must be submitted and applied once.

CEU's EARNED for PRESENTING at a Workshop/Conference/Institute or Guest Lecturer

- Awarded to solo speakers only
- **Minimum length 1 hour/ maximum length 3 hours.** You will be **awarded half the number of CEU's for the presentation;** *example* 1 hour= .05 2 hours= 0.1 3 hours= 0.15 4 hours= 0.2
- Must have written proof to include; date, time, location, number of hours, topic title, verified signature (Not your signature)

CEU's EARNED for COMPLETED COLLEGE/UNIVERSITY COURSES

- Course work must relate to the therapeutic recreation field.
- Letters are not accepted.
- Attach a copy of the transcript to verify course work and final grade/audit credit & course title.

DO NOT RETURN INSTRUCTIONAL PAGES 1 – 3 with your renewal.

DECEMBER 2020 RTC RENEWAL FORMS

Print/Type and complete ALL information on this form needed for this renewal including signature and payment form

CERTIFICATION NUMBERS				DATE OF BIRTH			
RTC#		-T & or RC#		Month:		Day: Year:	
ADDITIONAL CERTIFICATIONS				CURRENTLY EMPLOYED IN THE FIELD?			
Additional Current Certifications- check all that apply: <input type="checkbox"/> CTRS <input type="checkbox"/> CPRP				Are you currently employed in the field? <input type="checkbox"/> Yes <input type="checkbox"/> No, briefly explain:			
Employed in the field; check all that apply <input type="checkbox"/> Per Deim <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time (30+ hours a week) <input type="checkbox"/> Clinical Setting <input type="checkbox"/> Community Setting				How many years have you worked in the field of Therapeutic Recreation/Recreation Therapy?			
PRESENT JOB TITLE							
Check which applies to your current position: <input type="checkbox"/> Therapist <input type="checkbox"/> Supervisor <input type="checkbox"/> Management/ Administration <input type="checkbox"/> Educator <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other; briefly explain:							
CHECK ALL THAT APPLY: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr <input type="checkbox"/> PhD <input type="checkbox"/> Ed. D <input type="checkbox"/> other: explain							
Has your last name changed since Dec. 1, 2018? <input type="checkbox"/> No <input type="checkbox"/> Yes; previous last name:							
CURRENT LAST Name:				FIRST Name:		Middle Initial:	
CURRENT Mailing Address:						Apt/Unit/Space #	
City & State						Zip Code:	
Include area codes						W:	
H:				C:		W:	
PREFERRED Email:						Mailing address changed since Dec. 1, 2018? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Race/Ethnicity (check all that apply)				Gender (check all that apply)			
<i>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 and will not divulge your name related to any responses. I identify with:</i> <input type="checkbox"/> Native American/American Indian/Alaskan Native <input type="checkbox"/> Asian/Asian American/ Pacific Islander <input type="checkbox"/> Black/African American/ African <input type="checkbox"/> White/European <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Race/Ethnicity Not Listed (Please specify):				<i>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 and will not divulge your name to any responses. I identify with:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (specify): <input type="checkbox"/> Prefer not to answer			
RTC INCOME: check current (approximate) hourly rate of pay. (How to calculate: take bi-monthly or monthly gross income and divide it by the number of hours you worked for that pay period and you will get your hourly rate of pay)							
	Volunteer	\$21-24	\$35-39	\$50-54	\$65-69	\$85-89	\$95-99
	\$10-14	\$25-29	\$40-44	\$55-59	\$70-74	\$75-79	\$100
	\$15-20	\$30-34	\$45-49	\$60-64	\$80-84	\$90-94	\$125 +
DECLARATION: I have read over the directions and hereby declare the information contained and any attachments are accurate and true.							
Signature:						Date:	

COMPUTER SKILLS COURSES Limited .5 CEU's/ 5 contact hours no matter how many were earned

LAST CYCLE ACCEPTED

Title of Course	CEU/Hours	Date	Instructors Name	CBRPC Knowledge Area Code

CEU'S EARNED AS A SPEAKER

Awarded to solo speakers only. Awarded half the number of hours of the presentation; minimum 1 hour and maximum 4 hours Example of what will be awarded: 1-hour presentation = .5 CEU's 3-hour presentation= 0.15 CEU's 4-hour presentation= 0.2 CEU's- must provide written proof.

Title of Session	Date of session	Location	# of hrs.

CEU'S EARNED FOR AUTHORED WRITTEN/ PUBLICATIONS

Books, articles, thesis, dissertations related to the recreation therapy field Approved author of current published text book/ Thesis & Dissertation during the 2-year cycle limited to 1.0 CEU's or 10 contact hours. Authored published articles (co-author not accepted) in a professional magazine or newspaper related to the field during the 2-year cycle and may not exceed .2 CEU's or 2 contact hours. Proof of said publications must be submitted and can be applied only once during the 2-year cycle.

Title of Textbook/ Thesis/ Article	Date of publication	Textbook Article Thesis	Publisher

UNIVERSITY/COLLEGE COURSE WORK

CEU's must relate to field & attach an official transcript of completed course

1 credit = 1.5 CEU's / 15 hours 2 credits = 3.0 CEU's / 30 hours 3 credits = 4.5 CEU's / 45 hours

Title of Course	# of units CEU's	Dates of course	Instructors Full Name	CBRPC Knowledge Area Code

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 E: cbrpcca@gmail.com.com Website: cbrpc.org

RTC/RC 2020 EXTENSION FORM

Print/Type and complete ALL information and the Payment Information Form

CERTIFICATION NUMBERS	DATE OF BIRTH
------------------------------	----------------------

RTC#	-T & or RC#	Month:	Day:	Year:
ADDITIONAL CERTIFICATIONS		CURRENTLY EMPLOYED IN THE FIELD?		
Additional Current Certifications- check if any apply: <input type="checkbox"/> CTRS <input type="checkbox"/> CPRP Other:		Are you currently employed in the field? <input type="checkbox"/> Yes <input type="checkbox"/> No briefly explain:		
Employed in the field; check all that apply <input type="checkbox"/> Per Deim <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Clinical Setting <input type="checkbox"/> Community Setting		How many years have you been working in the field?		
PRESENT JOB TITLE				
Check which applies to your position: <input type="checkbox"/> Therapist <input type="checkbox"/> Supervisor <input type="checkbox"/> Management/ Administration <input type="checkbox"/> Educator <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other; briefly explain:				
CHECK ALL THAT APPLY: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr <input type="checkbox"/> PhD <input type="checkbox"/> Ed. D <input type="checkbox"/> other: explain				
Has your last name changed since June 1, 2018? <input type="checkbox"/> No <input type="checkbox"/> Yes; previous last name:				
CURRENT LAST Name:		FIRST Name:		Middle Initial:
CURRENT Mailing Address:			Apt/Unit/Space #	
City & State			Zip Code:	
Phone H:		C:		W:
PREFERRED Email:			Mailing address change since June 1, 2018? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Race/Ethnicity (check all that apply) <i>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:</i> <input type="checkbox"/> Native American/American Indian/Alaskan Native <input type="checkbox"/> Asian/Asian American/ Pacific Islander <input type="checkbox"/> Black/African American/ African <input type="checkbox"/> White/European <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Race/Ethnicity Not Listed (Please specify):	Gender <i>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:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (specify): <input type="checkbox"/> Prefer not to answer
---	--

RTC INCOME: check current (approximate) hourly rate of pay. (How to calculate: take bi-monthly or monthly gross income and divide it by the number of hours you worked for that pay period and you will get your hourly rate of pay)

Volunteer	\$21-24	\$35-39	\$50-54	\$65-69	\$85-89	\$95-99
\$10-14	\$25-29	\$40-44	\$55-59	\$70-74	\$75-79	\$100
\$15-20	\$30-34	\$45-49	\$60-64	\$80-84	\$90-94	\$125 +



DECLARATION: I have read over the directions and hereby declare the information contained and any attachments are accurate and true.

Signature:	Date:
-------------------	--------------

RTC/RC 2020 EXTENSION PAYMENT FORM

Must be completed and return with form(s)

FEES for payment with a Check or Money Order	Check that apply	Amount
RTC Extension Fee (includes the renewal fee of \$100 for next year)	<input type="checkbox"/>	\$ 200.00
RTC Extension LATE FEE (includes the renewal fee of \$100 for next year) After September 18, 2020	<input type="checkbox"/>	\$ 250.00

FEES (\$5.00 processing) for payment with a Credit Card  		
RTC Extension Fee (includes the renewal fee of \$100 for next year)		\$ 205.00
RTC Extension LATE FEE Applies (includes the renewal fee of \$100) After September 18, 2020		\$ 255.00
RTC Replacement Certificate Fee		\$ 30.00
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 <input type="checkbox"/>	
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

 or 

Credit Card Number:	<input type="text"/>
Credit Card Expiration Date:	<input type="text"/>
Cardholder Printed Name:	<input type="text"/>
Cardholder Signature:	<input type="text"/>
Cardholder <u>BILLING</u> Address/City/ State:	<input type="text"/>
Cardholder phone number & area code:	<input type="text"/>
Cardholder email:	<input type="text"/>
Date of completion:	<input type="text"/>

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

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: <input type="checkbox"/> CTRS <input type="checkbox"/> CPRP		Are you currently employed in the field? <input type="checkbox"/> Yes <input type="checkbox"/> No briefly explain:	
Employed in the field; check all that apply <input type="checkbox"/> Per Deim <input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> Clinical <input type="checkbox"/> Community		How many years have you been working in the field?	
PRESENT JOB TITLE			
Check which applies to your position: <input type="checkbox"/> Therapist <input type="checkbox"/> Supervisor <input type="checkbox"/> Management/ Administration <input type="checkbox"/> Educator <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other; briefly explain:			
CHECK ALL THAT APPLY: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr <input type="checkbox"/> PhD <input type="checkbox"/> EdD <input type="checkbox"/> other: explain			
Has your last name changed since last renewal? <input type="checkbox"/> No <input type="checkbox"/> 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:		Mailing address change ? <input type="checkbox"/> No <input type="checkbox"/> Yes	
PREFERRED Email:			
Race/Ethnicity (check all that apply)		Gender	
<i>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:</i> <input type="checkbox"/> Native American/American Indian/Alaskan Native <input type="checkbox"/> Asian/Asian American/ Pacific Islander/Filipino <input type="checkbox"/> Black/African American/ African <input type="checkbox"/> White/European <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Race/Ethnicity Not Listed (Please specify):		<i>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:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (specify): <input type="checkbox"/> Prefer not to answer	
Reason for applying for leave of absence: (need more space- use other side of paper)			
<p>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.</p> <p>If I am in an "Extension" period, then I am <u>not</u> 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.</p>			
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



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

December 2020 Cycle I WILL NOT BE RENEWING

Name:	_____	Certification #
Address:	_____	City:
Email:	_____	Zip:

Read, Check and sign here:

I understand if I want to come back, I cannot re-take the exam and will need to complete the _____

Previously Certified Re-entry form, show proof of earning 2.0 CEU's within that cycle.

Your signature:

Check one or more of the following reasons:

	No longer working in the field
	Obtaining another degree
	Retired (May qualify for a Life Time Certificate)
	Out on disability (May qualify for PLOA)
	Caring for a loved one(s) (May qualify for PLOA)
	Too expensive
	Too challenging obtaining CEU's
	Other:

Additional Comments:

Thank you for your commitment to certification with CBRPC