

RTC- RECREATION THERAPIST CERTIFICATION 2020 Fact Sheet and Application Form

GOAL OF CERTIFICATION

The California Board of Recreation and Park Certification for Recreation Therapist certification assures the general public and employing agency of the competence of recreation and park professionals by certifying that they meet the prescribed standards. The Recreation Therapist Certificate is designed to certify that an individual is qualified by education and experience to conduct and administer Therapeutic Recreation/Recreation Therapy services.

PLEASE READ THE DIRECTIONS CAREFULLY. INACCURATE OR INCOMPLETE APPLICATIONS DELAY THE REVIEW PROCESS.

REQUIREMENTS

1. **Baccalaureate or master's degree** in Therapeutic Recreation or in Recreation with option or specialization in Therapeutic Recreation/Recreation Therapy. An option in therapeutic recreation/recreation therapy is defined as a course of study including not less than the requirements listed in items 2, 3, and 4.
2. **Therapeutic Recreation Course Work for students graduating in December of 2014 and beyond:**
 - ◆ **Minimum** five (5) Therapeutic Recreation/Recreation Therapy content courses consisting of a minimum of three (3) semester units per course or three (3) quarter units per course.
3. Applicants who graduated PRIOR to December 2014, who have a degree in Recreation Therapy or Therapeutic Recreation meet the (3) three therapeutic recreation content courses.

Sample 3 units Course Titles- from CA State Universities (CSU) Recreation Therapy Programs:

- a. Foundations of Recreation Therapy
- b. Introduction to Therapeutic Recreation and Inclusive Recreation
- c. Foundations of Therapeutic Recreation
- d. Recreation Therapy: Treatment and Diagnostic Groups
- e. Recreation Therapy Interventions for People with Physical Conditions
- f. Therapeutic Recreation Techniques
- g. Recreation Therapy Treatment and Program Planning
- h. Therapeutic Recreation: Facilitating Leisure and Wellness
- i. Recreation Therapy in Mental Health
- j. Facilitation Techniques in Therapeutic Recreation
- k. Advanced Recreation Therapy Modalities
- l. Counseling Techniques in Therapeutic Recreation
- m. Recreation Therapy Assessment and Documentation
- n. Therapeutic Recreation Case Management
- o. Recreation Therapy Documentation and Assessment
- p. Therapeutic Recreation Treatment/Program Planning
- q. Advanced Practices in Recreation Therapy (Evidenced Based Practice and Research)
- r. Advanced Therapeutic Recreation Practices
- s. Recreation Therapy Processes
- t. Management of Therapeutic Recreation Services

Required 600 hours of Internship (Individual agencies may require more) under the supervision of a State/Nationally Certified Recreation Therapist.

- 1a. Internship in Therapeutic Recreation
- 1b. Recreation Therapy Internship and Senior Project
- 1c. Internship in Recreation

The course content must include a significant theory as opposed to an activity component. The course title must include the words, "Therapeutic Recreation," or specific reference to recreation for one or more special populations. The course objective must directly reflect some combination of Therapeutic Recreation Professional Emphasis Standards established by the Council on Accreditation of the National Recreation and Park Association (NARP). This is in cooperation with the American Association for Leisure and Recreation (AALR) and published Standards and Evaluative Criteria for Recreation, Park Resources and Leisure Services Baccalaureate Curricula. It is not expected that one course would reflect all 24 standards. If there's a question about the content of a course being submitted as a therapeutic recreation content course, the Committee reviewing the application and or the Board may require the applicant to submit a course outline to complete the review process.

4. **General Recreation Course Work:** Completion of a minimum of nine (9) semester units or twelve (12) quarter units of general recreation content course work. The course work must include at least:

- ◆ Three (3) recreation content courses consisting of a minimum of three (3) semester or three (3) quarter units per course.

Appropriate courses include but are not limited to:

- a. Recreation & Leisure in Contemporary Society
- b. Recreation Administration/ Management/Leadership
- c. Program Planning Techniques
- d. Travel & Tourism
- e. Introduction to Recreation
- f. Introduction to Leisure Services

5. **Related Course Work:** Completion of a minimum of eighteen (18) semester units or twenty-seven (27) quarter units taken from at least three (3) of the following areas. A minimum of fourteen (14) semester units or twenty (20) quarter units must be in upper division courses. The content of each course used to meet this requirement must clearly relate to the field of therapeutic recreation.

- ◆ Psychology to include: **Human Growth & Development Across the Lifespan and Abnormal Psychology**
- ◆ Sociology
- ◆ Biological Sciences (to include: Human Anatomy and Physiology).
- ◆ Special Education (e.g. perception problems, guidance and counseling, mental retardation).
- ◆ Therapeutic Recreation (therapeutic recreation content or skills courses, in addition to the required therapeutic recreation courses in item 2).
- ◆ Adaptive Physical Education and Creative Arts (e.g. motor development for the atypical child, structure and motor disabilities in children, movement activities for special groups, arts for exceptional individuals, music therapy, and adaptive theater arts).
- ◆ Human Services (e.g. treatment and rehabilitation of the alcoholic, independent living for the severely disabled, medical-social aspects of rehabilitation, American Sign Language, drugs and human health, law-human services to the client, Human Growth and Development).

6. Required Fieldwork/Internship or Work Experience:

- a. Completion of a minimum of 600 internship hours (individual agencies may require more) under the supervision of a State or Nationally Certified Recreation Therapist in an approved recreation therapy setting.
- b. Completion of the minimum of internship hours of fieldwork/internship in a therapeutic recreation setting outside the State of California under the supervision of a Certified Therapeutic Recreation Specialist, certified by the National Council for Therapeutic Recreation Certification (NCTRC).
- c. Completion of 1,000 hours of paid and/or voluntary experience in therapeutic recreation, 600 hours of which must have been in a setting approved by CBRPC as a fieldwork/ internship site and supervised by a Recreation Therapist Certified RTC or CTRS. Provide the following:

1. Certificants full name
2. Name, address, phone number, email of agency contact person
3. Name of Certified Recreation Therapy Supervisor's name, certification number and work phone number
4. Dates of employment
5. Total of number of full time work hours completed
6. Population served

The following applies to option a and b *except* under unusual circumstances **approved in advance** by the Board, a fieldwork/internship experience shall:

1. Be completed with a single agency
2. Involve a single continuous period with a duration of not less than ten (10) weeks
3. Involve a full-time exposure (30 hours per week or more) and
4. Be completed while enrolled in a university fieldwork/internship course.

Examination and Certification Details:

LIFETIME LIMIT TO APPLY/TAKE AND PASS EXAM: 3 years (2 times a year for a total 6 times)

EXAMINATIONS ARE GIVEN 2 TIMES A YEAR at several of locations throughout the state. Examination Proctors are volunteers and certified through CBRPC. **Passing score of 70% required. Re-take examination fee is \$100.00.**

Certificant's passing the examination will be certified as a Recreation Therapist. The certification is valid for a two-year period. Certificant's must renew their certification every 2 years. Two (2) months prior to the renewal date, an email notice will be sent with the forms. Completion of the form and submission of two (2.0) continuing education units (CEU's) copies or equivalent academic credit is required in order to maintain certification status and \$100 (\$105.00 for credit card) renewal fee.

CEU's may be earned by attending 20 hours of continuing education courses/workshops/institutes/on-line (explained in detail in the renewal form) in the two (2) year period. The examination is not offered as a substitute for earning CEU's.

Examination Dates	
Spring Statewide Exam offered at various dates & times throughout APRIL pending proctor & site availability	
Fall Statewide Exam offered at various dates & times throughout NOVEMBER pending proctor and site availability	
APPLICATION & FEE DEADLINE DATE	
SPRING: The last Friday in FEBRUARY	
FALL: The last Friday in SEPTEMBER	

USE ATTACHED PAYMENT FORM and attach with application. Fee is not refundable

FEES:	
<p>Step 1. Complete Application and payment form</p> <p>\$200.00</p>	<p>Step 2. <u>When the application has successfully passed the review process</u> an email will be sent with the completed application review and examination dates and sites.</p> <p>An examination form will need to be completed- no additional fee for taking the first examination.</p>
	<p>Re-examination fee (includes no shows/cancellations): \$100.00</p>

.The **Renewal Recertification fee** is due biennially (every 2 years) along with proof of two (2) continuing education units upon notice. A certificate holder not receiving a Recertification renewal notice should contact the CBRPC office to assure that records are up to date. Be sure to notify the office immediately when you have an address, phone number and/or name change.

Application Procedure

The application form, application fee and all supporting documentation must be postmarked by the deadline date and to the address indicated on the form. Acknowledgement and an examination study guide will be sent if the application is accepted for processing and the fee has been paid. Applicants will receive notice of their eligibility approximately thirty (30) days prior to the examination date.

AGAIN: Once you have passed the application process, you will have two (2) years to take and pass the examination. After that time, your files will be discarded, you are no longer considered eligible to take the examination and will be required to meet the current standards for certification by obtaining a bachelor's or Master's degree in Recreation Therapy, emphasis in Therapeutic Recreation. You can re-apply just once, after that second time and not passing the examination you are no longer eligible to take the state examination.

Application Requirements

1. **Provide all information requested on the application form.** Type or print all information clearly. Be sure to indicate if another name appears on your transcript or diploma.
2. **Include proof of your degree** (photocopy of diploma, **official** transcripts showing course work, internship and award of degree or an official letter from the university registrar).
3. **Arrange for an official transcript to be sent you (unopened) or directly to CBRPC**, which is utilized by committee to verify your course work. If it is sent to you, do not open it, an official transcript must be sealed. Be sure that the transcript being sent is up-to-date and allow four (4) to six (6) weeks for preparation and mailing by the university. Course work, including fieldwork/internship courses, must be verified on a transcript.

Applicants completing course work at out-of-state universities or universities not approved by CBRPC must submit full course description from the university catalog for any course being used to meet certification requirements. All applicants are encouraged to retain course outlines from therapeutic recreation and general recreation courses in the event there is a question about specific course content.

4. **Complete application section on qualifying course work.** **List all courses taken**, which you believe meet the related course work requirements. If you list a special course, individual study or fieldwork course to meet the related course work requirement, you must submit a letter from the instructor describing the content of the course. Be sure to include course prefix (e.g. RLS, PSYC) with number. Writing a notation "See transcript", on the application may not be used in lieu of completing this section. Applications with this notation will be returned to the applicant.
5. **Fieldwork/Internship** must be verified on a CBRPC "Internship Confirmation Form," which agencies will have or by a letter on agency letterhead signed by the agency supervisor, personnel director, or administrator. Work experience must be verified by a letter on agency letterhead and signed by an agency official. These letters must clearly specify the following: a) the dates of the experience, b) the total number of hours completed, c) the name of the supervisor, and d) the position/title held by the supervising Recreation Therapist/Therapeutic Recreator and their current certification number.

When experiences are in sites that are not approved by CBRPC, the applicant must submit documentation showing that the experience contained the elements required in CBRPC's already approved sites. Fieldwork/internship completed in a setting outside the State of California, proof of the supervisor's current NCTRC certification must also be submitted (copy of certification card). Applicants using such experiences to qualify should contact CBRPC office for further guidelines.

6. **Applicants may file at any time prior to the deadline.** Please allow ample time for preparing the application and gathering supporting materials.
7. **Mail form and fee** (made payable to: CBRPC): **CBRPC PO Box 2137 Fallbrook CA 92088 or Email to: cbrpcca@gmail.com**

California Board of Recreation and Park Certification, Inc

P.O. Box 2137 Fallbrook CA 92088 V/M & Text 661-538-1332 Email: cbrpcca@gmail.com

Established in 1954 Non-Profit Incorporation California Certification Promotes Pride and Excellence in the Profession

RECREATION THERAPY CERTIFICATION APPLICATION

(Updated: 6-13-19 please CLEARLY PRINT, except where signature is required)

I. IDENTIFICATION Check all that apply: <input type="checkbox"/> Mr. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> PhD <input type="checkbox"/> Ed.D						
LAST Name		First			Middle Initial	
Name on records, if different from above:						
Mailing Address:						
City:		State		Zip Code		
Home Phone (include area codes)			Cell: (include area code)			
Work: (include area codes)			Work email:			
Home Email:						
Number of years F/T in field:		P/T:		<input type="checkbox"/> Not yet employed:		
II. ETHNICITY Check all that apply:						
<input type="checkbox"/>	White or Caucasian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Guamanian	
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Mien	
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Another Pacific Islander	<input type="checkbox"/>	Laotian	
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Latino	
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Vietnamese	
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Unknown/ Not Reported	
IV. UNIVERSITY QUALIFYING DEGREE: (List highest qualifying degree.)						
Degree:	Institution:	Major:	Option/ Specialization:		Month:	Year:
V. UNIVERSITY QUALIFYING COURSEWORK: (See Fact Sheet for specific requirements.)						
Requirements Therapeutic Recreation Content Coursework	University/College	Dept. & Course Number	Course Title	Number of Units	Date of completion	OFFICE USE
	General Recreation Coursework Requirements					

Related and Required /Supported Coursework						
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VI. ADDITIONAL UNIVERSITY INFORMATION

University Advisor's Name:
 Phone Number (include area code):
 Email:

VII. Fieldwork/Internship or Work Experience Option under which you are applying:

Refer to page 2 #6 and check the appropriate option) a. b. c. d.

List only those experiences which qualify you for certification- start with the most recent and work back- if needed add extra pages.

Agency/Department Name:
Address:
 City: State: Zip Code:
 Total # of hrs completed: Starting date: Ending date:
 Supervisor's Name:
 CBRPC Certification # -T expires: NCTRC Certification #: expires:
 Position/Title:
 Email:
 Fax:

Agency/Department Name:
Address:
 City: State: Zip Code:
 Total # of hrs completed: Starting date: Ending date:
 Supervisor's Name:
 CBRPC Certification # -T expires: NCTRC Certification #: expires:
 Position/Title:
 Email:
 Fax:

IMPORTANT: Once your application has gone through committee review and been approved; you will receive the examination sites & dates and if you require special accommodations form. Both forms will be required to be returned by the stated deadline date on the form.

TRANSCRIPTS: Check one of the following:
 Transcripts attached or Transcripts ordered to be sent to CBRPC

Email:

Declaration: My signature verifies that I hereby declare the information contained on this application and any attachment hereto is accurate to the best of my knowledge and belief and that I understand the application and examination process.

Signature of Applicant: Dated:

CBRPC RTC APPLICATION

PAYMENT FORM

Print all information clearly

Applicants Full Name: _____

All fees are non-refundable

CHECK/MONEY ORDER/MONEY GRAM/ CASHIER'S CHECK <i>(\$40 return check fee)</i>	Check that apply	Amount
Recreation Therapist Application <i>(includes fee for one Examination)</i>		\$ 200.00
Recreation Therapy Study Guide		\$ 30.00
CREDIT CARD PAYMENT <i>(includes a \$5.00 processing fee)</i>		Amount
Recreation Therapist Application <i>(includes fee for one Examination)</i>		\$ 205.00
Recreation Therapy Study Guide		\$ 35.00
TOTAL AMOUNT TO BE PAID		\$

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

 or 

Card Number: - - -

Expiration Date: -

Cardholder Name *(as it appears on credit card)*: _____

Cardholder Signature: _____

Cardholder Billing Address: _____

Cardholder phone number *(include area code)*: _____

Email: _____

Date completed: _____

EMAIL CREDIT CARD PAYMENT TO CBRPCCA@GMAIL.COM or MAIL TO ADDRESS BELOW

PAYMENT BY CHECK/MONEY ORDER



Checks returned by bank for insufficient funds will be charged an additional \$40

Check/Money Order Made Payable to: CBRPC

Mail application & Payment form to: CBRPC PO Box 2137 Fallbrook CA 92088

Attached Check/Money Order # _____

is made in the amount of: \$ _____