



North Carolina Board of **Recreational Therapy** Licensure

PO Box 2655
Durham, NC 27705
(336) 212-1133
Web Address: www.ncbrtl.org

Compliance and Ethics Training

Date: _____ Location: _____

Total Due: \$40.00 for registration

Make checks payable to: *The North Carolina Board of Recreational Therapy Licensure or NCBRTL*

Name _____

Last

First

Middle/Maiden

North Carolina Board of Recreational Therapy Licensure Number: _____

Date of License first issued: _____

Check Appropriate Level ___ Licensed Recreational Therapist ___ Licensed Recreational Therapy Assistant

Job title _____

Agency Name _____

Address _____

City _____ State _____ Zip Code _____

Wk Phone(_____) _____ Hm Phone(_____) _____

email _____

Codes for webinar attendees:

Code # 1 _____

Code # 2 _____

Code # 3 _____