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North Carolina Board of **Recreational Therapy** Licensure

PO Box 4877
*****F wtj co . 'P E'49937
(336) 212-1133

Note: Web Address: www.ncbrtl.org

Renewal Application

_____ Check here if this is a new name please enclose legal documentation to support name change i.e.
Marriage certificate/divorce decree
_____ New address: log in and update NCBRTL file

Total Due: LRT \$75, LRTA-\$35

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

APPLICATIONS WITHOUT FEES WILL NOT BE PROCESSED.

Name _____
Last First Middle/Maiden

North Carolina Recreational Therapy License Number _____ Expiration Date _____ Birth Month _____

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

Current Home Address _____

City _____ State _____ Zip Code _____

Agency Name _____

Address _____

City _____ State _____ Zip Code _____

Wk Phone () _____ Hm Phone () _____

Email _____

-----For Office Use Only-----
Date Received _____ Date Reviewed _____ Amount Paid _____ Date Paid _____ Computer Entry _____
Certification Level _____ Certification # _____ Expiration Date _____ Date Mailed _____
Reason for Denial _____
Reviewed by _____

I certify that all information contained in my application for licensure is true and accurate to the best of my knowledge. Further, I understand that licensure will be denied to me now and in the future if I have provided any false or incorrect information on my application. I understand that, if I am licensed, it will be my responsibility to keep my license up-to-date and to submit a valid renewal application and fee prior to my expiration date. I understand that delinquent licensees may be reinstated to their previous status by paying the current application fee, submitting a new licensure application and meeting current standards.

Applicant's Signature

Date

If you have reported issues on prior applications, it is not necessary to report them again.

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violations)?

No Yes - If *yes*, please attach explanation

Has an employer ever formally disciplined (ex. Written warning, suspension, demotion or termination) you for performance or conduct?

No Yes - If *yes*, please attach explanation

Have you ever been disciplined or sanctioned by a credentialing organization (e.g. TRCB, NCTRC, NCBRTL)?

No Yes - If *yes*, please attach explanation

Do you have a physical or mental condition or addiction to any substance that could impair competent and objective professional performance of therapeutic recreation services and/or jeopardize public health and safety?

No Yes - If *yes*, please attach explanation

CONFIDENTIALITY RELEASE

I understand that, due to the public records law of the State of North Carolina, the Board may release my name, my address, license level and license expiration date as allowed by law.

Applicant's Signature

Date

Continuing Professional Education Requirements

During the two-year licensure period you must earn 2 CEUs or 20 Hours of Continuing Education. All supportive documentation must accompany form. Copies are acceptable. If you would like the materials returned, please enclose a self-addressed stamped envelope. All supportive documentation will be destroyed unless return request is made at the time of application. Documentation must show content, amount of hours earned and evidence of your attendance for example certificate in your name or transcript. NCBRTL does accept copies, however if there is a question, may request originals. Documentation and/or certification of attendance must accompany renewal form. NCBRTL will not keep the Continuing Education documentation on file.

If you would like your information returned, you must send a self-addressed stamped return envelope with this application.

Workshops, Conferences etc. (enclose proof of attendance, content and amount of time or credit) You may list a **RT Conference as one entry, individual sessions will be listed on the accompanying transcript)**

_____ Credit (CEUs or Hours)

Title _____

Content and description of relationship to TR Job Analysis _____

Dates attended _____

_____ Credit (CEUs or Hours)

Title _____

Content and description of relationship to TR Job Analysis _____

Dates attended _____

_____ Credit (CEUs or Hours)

Title _____

Content and description of relationship to TR Job Analysis _____

Dates attended _____

_____ Credit (CEUs or Hours)

Title _____

Content and description of relationship to TR Job Analysis _____

Dates attended _____

Presentations and/or Publications (enclose documentation, that includes dates, content, amount of presentation time and presenter(s) names) For example: Thank-you letter from sponsoring body. No repeat presentations.

_____ Credit (CEUs or Hours)

Date: _____

Presentation Title: _____

Content: _____

_____ Credit (CEUs or Hours)

Date: _____

Presentation Title: _____

Content: _____

Publications (enclose publication or title page)

_____ Credit (CEUs or Hours)
Title _____
Date: _____
Content and description _____

Academic Credit Course (enclose original transcript) (4.5 CEU or 45 Hours for one 3 hour semester course)

_____ Credit (CEUs or Hours)
Date: _____
School attended _____
Course Title: _____
Content: _____

On-line Continuing Education (enclose certificate or transcript of completion)

_____ Credit (CEUs or Hours)
Website: _____
Course Title: _____
Content: _____

_____ Credit (CEUs or Hours)
Website: _____
Course Title: _____
Content: _____

_____ Credit (CEUs or Hours)
Website: _____
Course Title: _____
Content: _____

Internship Supervision:

Please note: **This continuing education offering is for the NC Board of Recreational Therapy Licensure Renewal Only.**

Three hours credit may be granted for no more than two students per renewal cycle. Attach completed internship NCBRTL's Clinical Performance Appraisal and Reference Summary Form with Student and Supervisor signatures.

Intern's name, school and dates of internship: _____

RT Board Service

One hour credit will be issued for one year's service on a RT professional Board. Documentation accepted will be a letter of service from the Board Chair/President. List Board' name and dates of service:

The Data Book on the next page is the data used to determine employment statistics of RT's in NC. Not answering these questions alters the data viewed nationally!

NC BRTL Data Book

We ask that you please complete the following questions:

County of Residence _____

County of Work _____

Birth Year _____

Years of Experience _____

Salary – Hourly \$ _____

Gender

Male

Female

Race

Caucasian

African American

Native American

Asian American

Hispanic

Other _____

Highest Education

GED

High School

Associate Degree

Baccalaureate Degree

Masters Degree

Doctoral Degree

Highest Education Level

School Name _____

State/Grad. Year _____

Employment Status

Full-time

Part-time _____ Hrs/week

Not actively practicing RT

Working in another field

Retired

Student in Recreational Therapy

Student not in Recreational Therapy

Other _____

Form of Employment

Self-employed

 ___ Individual Practice

 ___ Group Practice

Non-governmental employer

 ___ Private – for profit

 ___ Private – non-profit

Government Employee

 ___ Federal

 ___ State

 ___ County or Local

Employment Setting

Hospital

Nursing Home/Assistive Living

Group Home

Rehabilitation Program

Public Health Agency

Community Setting Recreation Program

College/University

School System

Military Facility

Hospice

Corrections

Addiction, Substance Abuse

Other _____

Population(s) Served

Medical/Surgical

Burns

Pediatrics

Developmentally Disabled

Psychiatry

Geriatrics

Rehabilitation

Other _____

Primary Job Role

RTL – Therapist

RTA- Assistant

Supervisor

Administrator

Educator

Consultant

Other _____

(e.g., Alaska State)

(e.g., AK/1980)

Percentage Spent in an Ave. Week in Primary job

Patient Care

Documentation

Research

Administration

Teaching

Consulting

Other _____

Other _____

= Total should be 100%

Additional Employment

Private Practice

Educator (Adjunct)

Consultant

Other _____