

New/Initial NCBRTL Application Instructions for Licensed Recreational Therapists

Please review GS Chapter 90C and NC Administrative Code Rules (NCAC) Chapter 65 before completing application and registration forms. The application forms contain instructions or materials required for review. Incomplete or incorrect applications will not be reviewed. All materials, including official transcripts, photo, successful exam notification or NCRTC Certificate and fees must be received with the application. The following checklist is designed to ensure that your application is complete.

Online applications are preferred and processed faster.

Please check each step as you complete the process of preparing your application:

For all applicants:

1. All application forms are filled out completely. Please type or print in ink, not in pencil.
2. Payment available online or mail in cashier's check, certified check, money order or employer's check only. (No personal checks will be accepted).
3. Upload or mail a copy of successful passage notification of the NCTRC TR examination or a copy of your current NCTRC Certification. No copied emails or screen shots accepted.
4. Upload OR Mail a current color head and shoulders passport size photograph of yourself.
5. Upload OR Mail Clinical Appraisal and Summary Reference Form (CPASRF) (found on website under Documents) signed by agency internship supervisor, **not** school or NCTRC form. Required no matter how long ago internship was. Internship course must be on transcript.
6. If currently employed in NC, include NCBRTL Employment Form (found under Documents on website) and copy of your current job description. Describe CURRENT RT duties.
7. Upload or Mail copy of marriage certificate or divorce decree if name is different on Transcript or any uploaded documents to show name difference.
8. Upload or have school registrar's office send Official transcripts from ALL colleges/universities attended are included with my application. Degree awarded must be documented.
9. I have read and understand Chapter 90C and NCAC Chapter 65 Rules.
10. I have made a copy of my completed application for my personal records. (This information will be helpful in the event of an appeal or a problem with my application.)

NOTICE: The Board will not review incomplete applications. You may log back in and go to "Check Application Status" for any corrections or missing items. If not received within one year, the application will be denied and the applicant will need to reapply. No fees will be returned.

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 (ie. 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 (ie.. NCBRTL, TRCB, NCTRC) Have you ever received a letter of reprimand from TRCB or 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

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 in my application. I understand that, if I am licensed, it will be my responsibility to keep my licensure current and to submit a valid renewal application and fee prior to my expiration date. I understand that if I do not renew on time, my license will be revoked. In order to regain my license to practice, I will have to re-apply under the current standards at that time.

I understand, due to the public records law of the State of North Carolina, the Board may release my name, work address, or if no work address is provided, my home address, license level, and license expiration date as allowed by law.

Applicant's Signature

Date

Level of Licensure Requested: Check one)

- Licensed Recreational Therapist

Licensure Path: (Check one)

- Academic
- *Reciprocity Reciprocal license from Utah, NH or OK

*Notes: Applicants choosing the Reciprocity path must submit evidence of the credential claimed as reciprocal License with this application (Expiration Date must be legible). At this time the only other Recreational Therapy State Licensure is from the State of Utah. New Hampshire, New Jersey or Oklahoma.

Application Request: (Check one)

- First Request for License
- Second Request for License
- Previous License Expired

I have enclosed: \$100.00 for a license as a Licensed Recreational Therapist

Make cashier's check, money order, or certified check payable to the *North Carolina Board of Recreational Therapy Licensure or NCBRTL*.

APPLICATIONS WITHOUT FEES WILL NOT BE PROCESSED.

Proof of successful exam passage letter or copy of NCTRC certificate enclosed

ACADEMIC PREPARATION

Directions: An official academic transcript must be submitted from EACH college/university attended in order to verify and receive credit for education beyond high school. Transcripts must indicate the date of graduation and the degree awarded. (Original official transcripts must accompany the application.) A notarized affidavit of academic work may be submitted for special consideration in cases where the college or university attended no longer exists, or in cases where college/university records have been destroyed by fire or other disasters. All academic coursework must be in English or be accompanied by a notarized translation to English.

College/University	State	Dates Attended	Major	Degree	Date Degree Awarded
		to			
		to			
		to			
		mo yr mo yr			mo yr

Recreational Therapy/Therapeutic Recreation Coursework List only RT*content* courses worth a minimum of three credit hours each.

Standard Current Requirement: 6 RT/TR courses for LRT.

Course Title	College/University	Course Prefix	Course Number	Course Credit	[NCBRTL Use]
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Supportive Courses List supportive coursework completed in the areas identified.
 Standard:
 LRT - 3 semester hours of anatomy and physiology, 3 semester hours of abnormal psychology, 3 semester hours of growth and development across lifespan, and 9 semester hours in the area of health or human services.

Anatomy and Physiology (3 hours required)

Course Title	College/University	Course Prefix	Course Number	Course Credit	[NCBRTL Use]
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Abnormal Psychology (3 hours required)

Course Title	College/University	Course Prefix	Course Number	Course Credit	[NCBRTL Use]
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Human Growth and Development (3 hours required)

Course Title	College/University	Course Prefix	Course Number	Course Credit	[NCBRTL Use]
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What are considered Health or Human Services Courses to meet the LRT course requirement?

The courses that should be used to meet support content requirements are those that are useful to practice as a recreational therapist. For example, kinesiology or biomechanics, counseling or helping skills, motor learning, educational or cognitive psychology, psychology of adjustment, pharmacology, first aid and safety and courses in various aspects of health care (e.g. rehabilitation, mental health, legal aspects of health care, health care organization and delivery, etc.) are particularly helpful to the practice of recreational therapy in clinical settings and are recommended as support content courses. Courses such as Sociology, Rehabilitation, Medical Terminology, Gerontology, General Psychology, Special Education are nonexclusive recommendations.

Health or Human Services (9 hours required)

Course Title	College/University	Course Prefix	Course Number	Course Credit	[NCBRTL Use]
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Practical Internship

Agency Name _____ Dates Performed (MM/DD/YY) _____

Course Prefix _____ Course number _____ Course credit _____

_____ to _____

Agency Internship Supervisor's Name _____ NCBRTL License Number _____ NCTRC Certification Number _____

North Carolina Board of Recreational Therapy Licensure Clinical Performance Appraisal and Reference Summary Form

adapted with permission from the ATRA Standards of Practice Clinical Performance Appraisal Evaluation Form

Intern _____

College/University _____

Clinical Supervisor _____

Clinical Supervisor NCBRTL License No. _____ NCTRC No. _____

Agency Address _____

City _____ State _____ Zip _____

Placement Dates -- From (MM/DD/YYYY) _____ to (MM/DD/YYYY) _____

Hours -- Internship only: No. of weeks _____ X _____ hours/week = _____ = Total Hours _____

Assigned Service Area/Patient Population(s) _____

Please indicate the numerical rating for each aspect of practice using the rating scale for the overall performance rating.

Indicate the rating that best describes the Intern's overall performance in comparison to their readiness to practice. Average all scores together to reach average overall rating below.

Use this rating scale for each category AND for Overall Performance:

5 = Exceeds Performance
4 = Above Expectations
3 = Achieves Expectations
2 = Below Expectations
1 = Does Not Meet Expectations

Average Overall Performance Rating		
Exceeds Expectations	(5)	<input type="checkbox"/>
Above Expectations	(4)	<input type="checkbox"/>
Achieves Expectations	(3)	<input type="checkbox"/>
Below Expectations	(2)	<input type="checkbox"/>
Does Not Meet Expectations	(1)	<input type="checkbox"/>

Individual Performance Results

1. Receives and Responds to Requests, including Referrals and Physician's Orders, for Assessment and Treatment & Conducts Individualized Assessment	<input type="checkbox"/>
2. Plans Treatment Interventions	<input type="checkbox"/>
3. Implements Treatment	<input type="checkbox"/>
4. Re-assesses & Evaluates Treatment Plan	<input type="checkbox"/>
5. Develops Discharge/Transition Plan	<input type="checkbox"/>
6. Plans & Practices to Reduce Risks, Prevent Injuries and Improve Safety	<input type="checkbox"/>
7. Practices in Compliance with ATRA Code Of Ethics	<input type="checkbox"/>
8. Practices in Compliance with Policies, Procedures, Standards, Laws and Regulations	<input type="checkbox"/>
9. Maintains Qualifications, Credentials and Improves Competencies	<input type="checkbox"/>
10. Contributes to Quality Improvement to Improve Safety and Treatment Outcomes.	<input type="checkbox"/>
11. Uses Resources Efficiently and Effectively	<input type="checkbox"/>
12. Conducts Program Evaluation and Applied Research	<input type="checkbox"/>

Behavioral Performance Results

1. Judgment	<input type="checkbox"/>
2. Adaptability	<input type="checkbox"/>
3. Attention to Detail	<input type="checkbox"/>
4. Initiative	<input type="checkbox"/>
5. Teamwork	<input type="checkbox"/>
6. Professional and Technical Knowledge	<input type="checkbox"/>

Intervention Skills: List the treatment interventions and level (introductory - intermediate - advanced) demonstrated by the individual at completion of the last work cycle or internship.

Development Plan: Identify practice competencies to be developed by the individual.

Would you consider this person for a vacant position? Yes No

I verify that the internship covered the content areas of the ATRA Standards of Practice and the intern's performance demonstrated minimum competency to practice.

Signature of Student Intern _____

Date _____

Signature of Agency Intern Supervisor _____

Date _____