



# North Carolina Board of Recreational Therapy Licensure

PO Box 2655  
Durham, NC 27715  
(336) 212-1133

www.ncbrtl.org

## NEW LRTA APPLICATION

**Instructions:** This application should be completed only after careful review of the *GS Chapter 90C and NCAC Chapter 65*. Please type or clearly print all entries.

**Deadlines:** Academic Reviews: Postmark date 15<sup>th</sup> of each month.

Name \_\_\_\_\_

Last

First

Middle/Maiden

Month/Day of Birth

Current Employment Agency \_\_\_\_\_

(if currently employed please enclose NC BRTL Disclosure form and copy of job description)

Address \_\_\_\_\_

City/State/Zip Code

Current Home Address \_\_\_\_\_

City/State/Zip Code

Telephone Number Office (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

-----For Office Use Only-----

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Paid Computer Entry \_\_\_\_\_

License Level \_\_\_\_\_ License Id # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date Mailed \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Comments \_\_\_\_\_

Reviewed by \_\_\_\_\_

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

No  Yes - If Yes, please explain on back

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 professional provision of recreational therapy services and/or jeopardize public health and safety?

No  Yes

I swear 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 license up-to-date and to submit a valid renewal application and fee by December 15<sup>th</sup> prior to the 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 the time of application.

I understand that, 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.

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Applicant's Signature/ Date

**Application Request: (Check One)**

First Request for License  Second Request for License

Previous License Expired \_\_\_\_\_

**I have enclosed:**

\_\_\_ \$50.00 for a license as a **Licensed Recreational Therapy Assistant**

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

**APPLICATIONS WITHOUT FEES WILL NOT BE PROCESSED.**

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**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 ___/___ mo/yr mo/yr	_____	_____	___/___ mo/yr
_____	___	___/___ to ___/___ mo/yr mo/yr	_____	_____	___/___ mo/yr
_____	___	___/___ to ___/___ mo/yr mo/yr	_____	_____	___/___ mo/yr

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

Standard: LRTA - 3 Courses, nine semester hours

Course Title	Course Prefix	Course Number	Course Credit	School	[NCBRTL Use Only]
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_____	_____	_____	_____	_____	_____	[_____]
_____	_____	_____	_____	_____	_____	[_____]
_____	_____	_____	_____	_____	_____	[_____]
_____	_____	_____	_____	_____	_____	[_____]

Supportive Courses. List supportive coursework completed in the areas identified.

Standard: LRTA - Beginning January 15, 2008, the degree requirements of supportive coursework must include a minimum of five semester hours of anatomy and physiology and three semester hours of abnormal psychology, three semester hours of growth and development the remaining four semester hours of supportive coursework must be in the areas of psychology, sociology, physical and biological science, human services and/or physical education;.

**Anatomy and Physiology (5 semester hours)**

Course Title	Course Prefix	Course Number	Course Credit	School	[NCBRTL Use Only]
_____	_____	_____	_____	_____	[_____]
_____	_____	_____	_____	_____	[_____]

**Abnormal Psychology (3 semester hours)**

Course Title	Course Prefix	Course Number	Course Credit	School	[NCBRTL Use Only]
_____	_____	_____	_____	_____	[_____]
_____	_____	_____	_____	_____	[_____]

**Human Growth and Development (Beginning Jan 15, 2008 -3 semester hours)**

Course Title	Course Prefix	Course Number	Course Credit	School	[NCBRTL Use Only]
_____	_____	_____	_____	_____	[_____]



_____	_____	_____	_____	[_____]
_____	_____	_____	_____	[_____]
_____	_____	_____	_____	[_____]

**FIELD PLACEMENT EXPERIENCE**

Verification of a minimum number of hours (see standards) over the specified consecutive period of time at one agency site in a clinical, residential, or community-based therapeutic recreation program. Field placement under the supervision of a NC-BRTL Licensed Recreational Therapist or if the internship is done in a state other than North Carolina, supervision by a NCTRC "Certified Therapeutic Recreation Specialist" who by January 15, 2008 meets the current NCBRTL requirements for Licensure or by a NC TRCB Therapeutic Recreation Specialist. The field placement must meet the minimum requirements for field placement of NCTRC.

Field Work

Course Title	Course Prefix	Course Number	Course Credit	[NCBRTL Use Only]
_____	_____	_____	_____	[_____]

University Internship Supervisor \_\_\_\_\_ Title \_\_\_\_\_

University Supervisor's **North Carolina** License Identification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Agency Internship Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Agency Supervisor's **North Carolina** License Identification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

(if applicable) Agency Supervisor's **NCTRC** Certification Number \_\_\_\_\_ Exp.Date \_\_\_\_\_

Agency Supervisor's Level: LRT\_\_\_ LRTA\_\_\_

Agency Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Internship Performed from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_    \_\_\_ x \_\_\_ = \_\_\_  
mo/day/yr        mo/day/yr    #of wks. Hours/wk. Total hrs.

Setting/Type of Agency

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Primary Population Served \_\_\_\_\_

Please have your Internship Supervisor complete a Clinical Appraisal and Reference Summary Form. This can be mailed separately.