



North Carolina Board of **Recreational Therapy** Licensure

PO Box 2655 Durham, NC 27715

Employment Form

Only complete this portion if you are currently employed in North Carolina.

Please complete this form by indicating what duties you are currently performing. You must identify any tasks that you have performed that involve any of the following duties of recreational therapy, therapeutic recreation, activity therapy, therapeutic activities or goal directed recreation practice, regardless of your job title. Please also enclose a copy of the job description you are presently working under.

Name _____

Agency _____

Agency Address _____

Official Agency Job Title _____

Initial date of Employment _____

Agency Supervisor's Name (printed) _____

Agency Supervisor's Phone _____

_____ Yes _____ No Conduct an individualized patient or client assessments for the purpose of collecting systematic, comprehensive, and accurate data necessary to determine a course of action and subsequent individualized treatment plan.

_____ Yes _____ No Plan and develop the individualized treatment plan that identifies a patient or client's goals, objectives, and treatment intervention strategies.

_____ Yes _____ No Implement the individualized treatment plans.

_____ Yes _____ No Evaluate and compare the patient or client's response to the individualized treatment plan and suggesting modifications as appropriate.

_____ Yes _____ No Systematically evaluate and compare the patient or client's response to the individualized treatment plan and suggest modifications as appropriate

_____ Yes _____ No Develop discharge plan in collaboration with the patient or client, his or her family, and other treatment team members.

_____ Yes _____ No Serve as a resource for patient or client recreation opportunities to promote or improve his or her general health and well-being.

_____Yes _____No Deliver recreational therapy, therapeutic recreation, activity therapy, therapeutic activities or goal-directed recreation services in accordance with the professional standards of practice and codes of ethics promulgated by national or State professional organizations.

_____Yes _____No Manage delivery of recreational therapy, therapeutic recreation, activity therapy, therapeutic activities or goal-directed recreation services in accordance with a written plan of operation based upon standards advanced by appropriate membership, regulatory, credentialing agencies.

_____Yes _____No Provide professional and pre-professional education and training of recreational therapists or recreational therapy assistants or therapeutic recreation specialists or therapeutic recreation assistants, students and/or student interns.

_____Yes _____No Conduct research in the field of recreational therapy or therapeutic recreation.

If you are employed as an activity director in a nursing home which section of the MDS do you use for documentation? _____

Please sign your name, title and credentials you sign on patient/client documents.

Description of duties performed: (Please complete form and attach the official job description for your position)

When and how did I become aware of the requirement for licensure to practice Recreational Therapy/Therapeutic Recreation in the State of North Carolina? _____

I certify that all information contained in this form is true and accurate to the best of my knowledge. I understand giving false information or withholding material information from the Board in procuring or attempting to procure a license pursuant to Chapter 90C is a violation of the law subject to sanction or penalty.

Signature _____ Date _____

I understand that all information contained in this form is true and accurate to the best of my knowledge. I understand aiding, abetting or assisting any person in violating the provisions of Chapter 90C is a violation of the law subject to sanction or penalty.

Agency Supervisor Signature _____ Date _____

Please print name _____

Job Title _____