

## NCBRTL Application Instructions

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, Intern CPASRF, color photo and fees must be received with the application. Although some schools will send transcripts separately-this is acceptable as long as the names match. If you have been married or otherwise changed names since your transcripts, please enclose a copy of marriage certificate, divorce degree or other legal documentation to support name change. The following checklist is designed to ensure that your application is complete and accurate when it reaches NCBRTL.

***Please check each step as you complete the process of preparing your application. Applications are accepted online or by hard copy. Transcripts can be emailed from school registrar's office to [becky@ncbrtl.org](mailto:becky@ncbrtl.org) BUT CPASRF, and Exam Results must be mailed in (No emails). If photo is not uploaded with online application, it must be mailed in with name on the back. Note: Online applications are processed quicker and the online info will still need to be entered in your profile.***

\_\_ 1. All application forms are filled out completely. Please *type or print in ink*, not in pencil. If you submit online, you still have to **Mail** in other documents. **NO emailed documents will be accepted except for Official transcript from registrar's office.**

\_\_ 2. If you do not pay online, the application fee is included and made **payable to NCBRTL (cashier's check, certified check, money order or employer's check only) (No personal checks will be accepted).**

\_\_ 3. Enclose copy successful passage notification of the Prometric examination notice or a copy of your current NCTRC Certification as proof of exam passage. (LRT applicants only) Do not print out NCTRC online verification, it will not be accepted.

\_\_ 4. Enclose a current color head and shoulders photograph of yourself (write your name on the back) or upload to your application on the website.

\_\_ 5. If currently employed, include a NCBRTL Employment Form (describing what you are currently doing) and a copy of your current job description.

\_\_ 6. The Clinical Performance Appraisal and Summary Reference Form (CPASRF) is filled out clearly and completely with internship supervisor's NC BRTL License Identification Number, supervisor's signature and/or NCTRC Certification number included. Make and keep a copy of this form in your records!

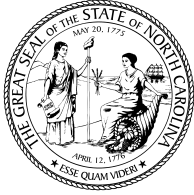
\_\_ 7. **Official** transcripts from ALL colleges/universities attended are included with my application or may sent to [becky@ncbrtl.org](mailto:becky@ncbrtl.org) by the registrar's office. Degree awarded must be documented. (5 RT/TR Content Courses, 4 hrs in Anat & Phys, 3 hrs in Abn. Psych, 3 hrs in Growth & Dev. Across Lifespan, 9 additional hours in Health and Human services, RT Internship)

\_\_ 8. Make 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.)

\_\_ 9. I have read and understand Chapter 90C and NCAC Chapter 65 standards.

**NOTICE: Only complete applications with supportive documents will be reviewed. New licensees will be posted on the website within 48 hours upon receipt of COMPLETE APPLICATION WITH TRANSCRIPTS, CPASRF, EXAM RESULTS AND PHOTO .**

Due to the numerous applications NCBRTL receives that are incomplete, the applications will be held for one year and will not be reviewed until they are complete.



attach color photo here head shoulders, passport size only

# North Carolina Board of Recreational Therapy Licensure

P.O. Box 2655  
Durham, NC 27715  
(336) 212-1133

## Licensed Recreational Therapist Initial License 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 15th of each month.**

Name

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle/Maiden

Birth Month

Official employed job title \_\_\_\_\_

If currently employed in NC, please enclose NCBRTL Employment Form and copy of your job description.

### Current Employment Agency

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

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

### Current Home Address

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

Telephone Number -Office \_\_\_\_\_ Telephone Number -Home \_\_\_\_\_

### Email Address

For Office Use Only:

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Amt Paid \_\_\_\_\_ Date Pd \_\_\_\_\_ 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 attach explanation

Has an employer ever formally disciplined (eg. 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 (eg. NCBRTL, TRCB, NCTRC) or 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 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.

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

\*\*Proof of NCTRC exam passage or copy of NCTRC certificate enclosed

\*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 or Oklahoma.

\*\*The National Council for Therapeutic Recreation Certification Notice of Test Results will be accepted as evidence of successful exam passage. You must send proof of exam passage from NCTRC with this application.

**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 NCTRC exam passage or copy of NCTRC certificate enclosed**

The National Council for Therapeutic Recreation Certification Notice of exam notification or copy of certificate will be accepted as evidence of successful exam passage. You **must** send proof of exam passage from NCTRC with this application.

**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 *content* courses worth a minimum of three credit hours each.

Standard Current Requirement: 4 RT/TR courses for LRTA, and 5 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. Additional courses in each category should be listed on the back of Page 5 or attached as an additional sheet.  
 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 and human services.  
 LRTA - 15 semester hours of supportive coursework representing at least three of the following areas: psychology, sociology, physical and biological science, human services, and physical education courses.

**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 and Human Services Courses to meet the LRT/LRTA 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, kinesology 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 and 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	[NCBRTL Use]
_____	_____ to _____	_____	_____	_____	_____
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. (or Until Jan. 15, 2008 NCTRCB Certification No.) \_\_\_\_\_

Clinical Supervisor NCTRC Certification Number \_\_\_\_\_ Initial Date of NCTRC Certification \_\_\_\_\_

Agency \_\_\_\_\_

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.**

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

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**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 Intern Supervisor \_\_\_\_\_ Date \_\_\_\_\_

