



# North Carolina Board of **Recreational Therapy** Licensure

PO Box 2655  
Durham, NC 27715  
(336) 212-1133  
Web Address: [www.ncbrtl.org](http://www.ncbrtl.org)

## Annual Maintenance Form

\_\_\_\_\_ Check here if this is a new name or address, enclose legal documentation to support name change  
ie. marriage certificate

**Total Due: \$75.00 for LRT and \$35 for LRTA**

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 \_\_\_\_\_

Job title \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

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

Wk Phone(\_\_\_\_\_) \_\_\_\_\_ Hm Phone(\_\_\_\_\_) \_\_\_\_\_

email \_\_\_\_\_

**If you reported any offences before you do not have to report 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

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ I have logged in the website ([www.ncbrtl.org](http://www.ncbrtl.org)) and updated my information.

**This information is the data used to determine employment statistics of RT's in NC. Not answering these questions alters the data viewed nationally!**

**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/Long Term Care  
 Group Home  
 Physical 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 Average Week**  
 Patient Care  
 Documentation  
 Research  
 Administration  
 Teaching  
 Consulting  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 = **Total should be 100%**

**Additional Employment**  
 Private Practice  
 Educator (Adjunct)  
 Consultant  
 Other \_\_\_\_\_