



North Carolina Board of **Recreational Therapy** Licensure

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

Note: Web Address: www.ncbrtl.org

Renewal Application

_____ Check here if this is a new name please enclose legal documentation to support name change i.e.
Marriage certificate/divorce decree
_____ New address: log in and update NCBRTL file

Make LRT \$75, LRTA, \$35 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 NC Zip Code _____

Agency Name _____

Address _____

City _____ State __ Zip Code _____

Wk Phone () _____ Hm Phone () _____

Email _____

-----For Office Use Only-----
Date Received _____ Date Reviewed _____ Amount Paid _____ Date Paid _____ Computer Entry _____
Certification Level _____ Certification # _____ Expiration Date _____ Date Mailed _____
Reason for Denial _____
Reviewed by _____

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 on 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 prior to my expiration date. I understand that delinquent licensees may be reinstated to their previous status by paying the current application fee, submitting a new licensure application and meeting current standards.

Applicant's Signature

Date

If you have reported issues on prior applications, it is not necessary to report them 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

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

CONFIDENTIALITY RELEASE

I understand that, due to the public records law of the State of North Carolina, the Board may release my name, my address, license level and license expiration date as allowed by law.

Applicant's Signature

Date

Continuing Professional Education Requirements

During the two-year licensure period you must earn 2 CEUs or 20 Hours of Continuing Education. All supportive documentation must accompany form. Copies are acceptable. If you would like the materials returned, please enclose a self-addressed stamped envelope. All supportive documentation will be destroyed unless return request is made at the time of application. Documentation must show content, amount of hours earned and evidence of your attendance for example certificate in your name or transcript. NCBRTL does accept copies, however if there is a question, may request originals. Documentation and/or certification of attendance must accompany renewal form. NCBRTL will not keep the Continuing Education documentation on file.

NCBRTL Compliance and Ethics Training

This training is required for first year licensees. Four hours credit will be issued. Accepted documentation will be the letter received at the training. List city and date of training:

Workshops, Conferences etc. (enclose proof of attendance, content and amount of time or credit) You may list a RT Conference as one entry, individual sessions will be listed on the accompanying transcript)

_____ Credit (CEUs or Hours)

Title _____
Content and description of relationship to TR Job Analysis _____

Dates attended _____

_____ Credit (CEUs or Hours)

Title _____
Content and description of relationship to TR Job Analysis _____

Dates attended _____

_____ Credit (CEUs or Hours)

Title _____
Content and description of relationship to TR Job Analysis _____

Dates attended _____

_____ Credit (CEUs or Hours)

Title _____
Content and description of relationship to TR Job Analysis Professional Development

Dates attended _____

_____ Credit (CEUs or Hours)

Title _____
Content and description of relationship to TR Job Analysis _____

Dates attended _____

Presentations and/or Publications (enclose documentation, that includes dates, content, amount of presentation time and presenter(s) names) For example: Thank-you letter from sponsoring body. No repeat presentations.

Presentation Title: _____

Content: _____

_____ Credit (CEUs or Hours)

Date: _____

Presentation Title: _____

Content: _____

_____ Credit (CEUs or Hours)

Title _____

Date: _____

Academic Credit Course (enclose original transcript) (4.5 CEU or 45 Hours for one 3 hour semester course)

_____ Credit (CEUs or Hours)

Date: _____

School attended _____

Course Title: _____

Content: _____

On-line Continuing Education (enclose certificate or transcript of completion)

_____ Credit (CEUs or Hours)

Website: _____

Course Title: _____

Content: _____

_____ Credit (CEUs or Hours)

Website: _____

Course Title: _____

Content: _____

_____ Credit (CEUs or Hours)

Website: _____

Course Title: _____

Content: _____

Internship Supervision:

Please note: **This continuing education offering is for the NC Board of Recreational Therapy Licensure Renewal Only.**

Three hours credit may be granted for no more than two students per renewal cycle. Attach completed internship NCBRTL's Clinical Performance Appraisal and Reference Summary Form with Student and Supervisor signatures.

Intern's name, school and dates of internship: _____

RT Board Service

One hour credit will be issued for one year's service on a RT professional Board. Documentation accepted will be a letter of service from the Board Chair/President. List Board' name and dates of service:

The Data Book on the next page is the data used to determine employment statistics of RT's in NC. Not answering these questions alters the data viewed nationally!

NC BRTL Data Book

We ask that you please complete the following questions:

County of Residence _____ Orange _____

County of Work _____ Orange _____

Birth Year _____ 1955 _____

Years of Experience _____ 30+ _____

Salary – Hourly \$ _____ 24 _____

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
- Group Home
- Rehabilitation Program
- Public Health Agency
- Community Setting Recreation Program
- College/University
- School System
- Military Facility
- Hospice
- Corrections
- Addiction, Substance Abuse
- Other _Licensing Board_____

Population(s) Served

- Medical/Surgical
- Burns
- Pediatrics
- Developmentally Disabled
- Psychiatry
- Geriatrics
- Rehabilitation
- Other _____ RT Professionals _____

Primary Job Role

- RTL – Therapist
- RTA- Assistant
- Supervisor
- Administrator
- Educator
- Consultant
- Other _____

(e.g., Alaska State)
 (e.g., AK/1980)

Percentage Spent in an Ave. Week in Primary job

- Patient Care
 - Documentation
 - Research
 - Administration
 - Teaching
 - Consulting
 - Other _____
 - Other _____
- = **Total should be 100%**

Additional Employment

- Private Practice
- Educator (Adjunct)
- Consultant
- Other _____