

PCRE Previously Certified Re-Entry



DUE post mark no later than Friday, November 20, 2020 to go through the Fall 2020 Renewal Review

For this renewal cycle, 2.0 CEU/20 Contact hours accepted between December 1, 2018 to November 15, 2020.

ONCE THE RENEWAL IS APPROVED, begin earning your next 2.0 CEU's/20 Contact Hours which must fall within November 2020 to November 2022.

EXPEDITE THE PROCESS:

- 1) **Complete all information** on all related forms, **leave nothing blank**
- 2) **Attach copies** of your CEU'S/Contact Hours in the order listed on your form **(yes, you do have to list each one).**
- 3) **Complete and return with payment** (*do not return the instructions or forms you did not use*)
- 4) **Incomplete/ missing form(s)** will delay the renewal process
- 5) **Keep a file with copies of your renewals** and CEU's/contact hours



The office, nor the Re-certification review committee, will pre-review any CEU's or renewal forms.

CEU's /Contact hours earned **must relate to the profession; topics must be related to the Therapeutic Recreation Knowledge Areas**

2.0 CEU'S/20 Contact hours are required every renewal cycle. This Cycles CEU/Contact hours must fall within 12/1/2018 TO 11/15/2020

1 contact hour = 0.1 CEU. 10 contact hours= 1.0 CEU 20 contact hours= 2.0

ATTACH COPIES of CEU documentation and list in order they are listed on the re-certification form

CEU/CONTACT HOUR CERTIFICATE/VERIFICATION FORM TO INCLUDE THE FOLLOWING

Name of Certificant

Title of Workshop/Course/Training

Specific Location/Date/Time

CEU/Contact Hours earned at the Workshop/Course/Seminar/Training Session

Title of each session

CEU Provider name and number *Example: ATRA/CPRS/ NRPA or Board of Registered Nurses #*

**** TRAINING RECORDS OF YOUR IN-SERVICES (related to the field of Recreation Therapy) completed at your facility/agency are NOT acceptable documentation. You must request a certificate of completion or a letter on facility letter head stationary from education department/ human resources or instructor., stating your full name/ Title of Training Course/ Location/ Date/ CEU or number of hours earned CEU Provider Name.**

CEU /CONTACT HOUR CONTENT

SAFETY RELATED COURSES limited up to 0.5 CEU or 5 Contact Hours. (i.e., CPR, FA, PRO ACT, CPI, Food Handlers & Safety Courses, MAB, Water Safety, Fire Safety, Back Safety, Basic Infection Control, Disaster Emergency Triage, etc.)

IMPORTANT: Documentation must include 1) class title. 2) length of class to determine how many CEU's will be awarded, 3) location, date and time 4) Your name must be on the document. Example: CPR class lasting 2 hours will be awarded 0.2 CEU 2 Contact hours. It is not automatically awarded 0.5 CEU/5 Contact Hours because it is a CPR Class.

CORRESPONDENCE and ON-LINE LEARNING COURSES limited to 1.0 CEU/10 contact hours.

COMPUTER SKILLS COURSES limited to 0.5 CEU'S/5 contact hours.

LANGUAGE COURSES limited to 1.0 CEU/10 contact hours.

CEU's/CONTACT HOURS for WRITTEN PUBLICATIONS (books, articles, thesis, dissertations)
FYI: CEU's not earned for Reading Books/Articles/Magazines/Newspapers etc.

Approved when you are the author/written current published textbook/ Thesis & Dissertation during the 2-year cycle. Limited 1.0 CEU/10 contact hours.

Approved when you the Author of published articles (co-author not accepted) **in professional magazines or newspapers limited .2 CEU's or 2 contact hours.**

Proof must be submitted and applied once.

CEU's EARNED for PRESENTING at a Workshop/Conference/Institute or GUEST LECTURER

Awarded to solo speakers only

Minimum length 1 hour/ maximum length 3 hours. You will be awarded half the number of CEU's for the presentation; *example* 1 hour= .05 2 hours= 0.1 3 hours= 0.15 4 hours= 0.2

Repeating sessions or topics are not accepted during each 2-year cycle

Must have written proof to include; date, time, location, number of hours, topic title, verified signature
(Not your signature)

CBRPC THERAPEUTIC RECREATION 8 KNOWLEDGE AREAS

1. Administration & Management	2. Disability/Population Characteristics	3. Documentation	4. Legislation/ Patient/Consumer Rights-Advocacy
5. History & Philosophy	6. Professionalism	7. Programming	8. Treatment Modalities

COMPLETED COLLEGE/UNIVERSITY COURSES, attach a copy of the transcript to verify course work and final grade/audit credit & course title.

Course work must relate to the therapeutic recreation field. Letters are not accepted.

PCRE Previously Certified Re-Entry RTC RENEWAL FORMS

Print/Type and complete ALL information from this form needed for this renewal including payment form

CERTIFICATION NUMBERS		DATE OF BIRTH	
RTC#	-T & or RC#	Month:	Day: Year:
ADDITIONAL CERTIFICATIONS		CURRENTLY EMPLOYED IN THE FIELD?	
Additional Current Certifications- check all that apply: <input type="checkbox"/> CTRS <input type="checkbox"/> CPRP		Are you currently employed in the field? <input type="checkbox"/> Yes <input type="checkbox"/> No, briefly explain:	
Employed in the field; check all that apply <input type="checkbox"/> Per Deim <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time (30+ hours a week) <input type="checkbox"/> Clinical Setting <input type="checkbox"/> Community Setting		How many years have you worked in the field of Therapeutic Recreation/Recreation Therapy?	
PRESENT JOB TITLE			
Check which applies to your current position: <input type="checkbox"/> Therapist <input type="checkbox"/> Supervisor <input type="checkbox"/> Management/ Administration <input type="checkbox"/> Educator <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other; briefly explain:			
CHECK ALL THAT APPLY: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr <input type="checkbox"/> PhD <input type="checkbox"/> Ed. D <input type="checkbox"/> other: explain			
Has your last name changed since Last Renewal? <input type="checkbox"/> No <input type="checkbox"/> Yes; previous last name:			
CURRENT LAST Name:		FIRST Name:	Middle Initial:
CURRENT Mailing Address:		Apt/Unit/Space #	
City & State		Zip Code:	
Include area codes		W:	
H: C:		Mailing address changed since Last Renewal? <input type="checkbox"/> No <input type="checkbox"/> Yes	
PREFERRED Email:			

Race/Ethnicity (check all that apply)
The information below is for research and understanding our Certificant's diversity and your name will never be used. We respect your right to privacy and will not divulge your name related to any responses. I identify with:

Native American/American Indian/Alaskan Native
 Asian/Asian American/ Pacific Islander
 Black/African American/ African
 White/European
 Hispanic/Latino
 Middle Eastern
 Race/Ethnicity Not Listed (Please specify):

Sexual Orientation (check all that apply)
The information below is for research and understanding our Certificant's diversity and your name will never be used. We respect your right to privacy and will not divulge your name to any response's information. I identify with (optional):

Heterosexual Homosexual
 Other (specify)
 Unsure/ Questioning
 Sexual Orientation Not Listed (Please specify):
 Prefer not to answer

Gender (check all that apply)
The information below is for research and understanding our Certificant's diversity and your name will never be used. We respect your right to privacy and will not divulge your name to any responses. I identify with:

Male
 Female
 Other (specify):
 Prefer not to answer

RTC INCOME: check current (approximate) hourly rate of pay. (How to calculate take bi-monthly or monthly gross income and divide it by the number of hours you worked for that pay period and you will get your hourly rate of pay)

	Volunteer	\$21-24	\$35-39	\$50-54	\$65-69	\$85-89	\$95-99
	\$10-14	\$25-29	\$40-44	\$55-59	\$70-74	\$75-79	\$100
	\$15-20	\$30-34	\$45-49	\$60-64	\$80-84	\$90-94	\$125 +

DECLARATION: I have read over the directions and hereby declare the information contained and any attachments are accurate and true.

Signature:	Date:
------------	-------

PCRE Previously Certified Re-Entry RTC/RC PAYMENT FORM

Must be completed and return with form(s)

FEES for payment with a Check or Money Order	Check that apply	Amount
PCRE RTC/RC		\$ 275.00
FEES for payment with a Credit Card		
PCRE RTC/RC (Includes \$5.00 processing fee)		\$ 280.00
Tax Deductible Donation to CBRPC, Inc Non-Profit- 501(c)(3)		\$
Total Amount		\$
Enclosed		

PAYMENT INFORMATION	
Check here for payment with check/money order/ Cashier's check <input type="checkbox"/>	
Check enclosed Check/MO/Cashier's Check #	Make check payable to: CBRPC

PAYING BY CREDIT CARD; check which credit card you are using and all information below


 or 

Credit Card Number:								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>			-				-	
		-						
		-						
Credit Card Expiration Date:								
Cardholder Printed Name:								
Cardholder Signature:								
Cardholder BILLING Address/City/ State: _____								
Cardholder email:								
Cardholder phone number & area code:								
Date of completion:								


Paying by credit card- Forms & Payment: 1) email to cbrpc@roadrunner.com as attachment

Paying by check/money order/cashier's check- mail payment and forms to:


CBRPC PO Box 2137 Fallbrook CA 92088

LIST ALL LANGUAGE COURSES  **Limited 1.0 CEU's or 10 contact hours no matter how many were earned**


Title of Course	CEU Provider Name & or ID#	Date	Length Of Session	CBRPC Knowledge Area Code	Number of CEU's Awarded	RRC USE

LIST ALL CORRESPONDANCE/ ON-LINE/ WEBINARE COURSES  **Limited to 1.0 CEU's or 10 contact hours**


Title of Session	CEU Provider Name & or ID#	Date	Length Of Session	CBRPC Knowledge Area Code	Number of CEU's Awarded	RRC USE


LIST ALL SAFETY RELATED COURSES  **Limited .5 CEU's/5 contact hours no matter how many were earned**


Title of Course	CEU Provider Name & or ID#	Date	Length Of Session	CBRPC Knowledge Area Code	Number of CEU's Awarded	RRC USE

LIST ALL COMPUTER SKILLS COURSES  **Limited .5 CEU's/ 5 contact hours no matter how many were earned**

Title of Course	# of units CEU's	Dates of course	Instructors Full Name	CBRPC Knowledge Area Code	RRC USE

LIST CEU'S EARNED AS A SPEAKER at a workshop/institute/ conference or guest lecturer				
 Awarded to solo speakers only. Awarded half the number of hours of the presentation; minimum 1 hour and maximum 4 hours Example of what will be awarded: 1-hour presentation = .5 CEU's 3-hour presentation= 0.15 CEU's 4-hour presentation= 0.2 CEU's- must provide written proof.				
Title of Session	Date of session	Location	# of hrs.	RRC USE

CEU'S EARNED FOR <u>AUTHORED WRITTEN/ PUBLICATIONS</u>				
 books, articles, thesis, dissertations related to the recreation therapy field Approved author of current published textbook/ Thesis & Dissertation during the 2-year cycle limited to 1.0 CEU's or 10 contact hours. Authored published articles (co-author not accepted) in a professional magazine or newspaper related to the field during the 2-year cycle and may not exceed .2 CEU's or 2 contact hours. Proof of said publications must be submitted and can be applied only once during the 2-year cycle.				
Title of Textbook/ Thesis/ Article	Date of publication	Textbook Article Thesis	Publisher	RRC USE

LIST UNIVERSITY/COLLEGE COURSE WORK					
 Unlimited CEU's must relate to field & attach an official transcript of completed course					
Title of Course	# of units CEU's	Dates of course	Instructors Full Name	CBRPC Knowledge Area Code	RRC USE