

California Board of Recreation and Park Certification, Inc

California Certification, established in 1954, Promotes Pride and Excellence in the Profession

P.O. Box 2137 Fall Brook, CA 92088 V/M & Text: 661-538-1332 E: cbrpc@roadrunner.com **Web site:** cbrpc.org

Date: March 2020

To: **RTC's Whose Renewal Expires June 30, 2020**

Subject: **RTC JUNE 2020 RENEWAL**



Due to the COVID 19 Virus and the disruption in Recreation Therapy conferences, workshops and other opportunities to obtain CEU's CBRPC has extended the deadline to submit your renewal.

We will allow three (3) extra months to obtain CEU's if it is needed. Your current certification would be extended until September 30, 2020. The deadline for this extension is September 18, 2020.

If you do not need extra time or if your employer will not accept the 3 month extension we will accept June renewals with a due date of June 12, 2020. The RRC Committee will review these and provide verification of renewal by June 30, 2020.

Effective immediately CBRPC will now accept all 2.0 CEU's required for renewal to be obtained on-line. This change is permanent. Beginning in the next cycle of renewals (June 2020 – June 2022) safety courses, computer skill courses and work required trainings will no longer be accepted. All other methods of obtaining CEU's remain in place.

CBPRC will work with any RTC who requires a longer Extension during these difficult times. Please contact us at cbrpc@roadrunner.com or look on our website: cbrpc.org for more information on a full Extension.

For this renewal cycle, 2.0 CEU/20 Contact hours accepted between June 1, 2018 to June 12, 2020.

This packet includes forms for:

- 1) **RTC and or RTC/RC Renewal & payment form (pgs. 4-8 only)**
- 2) **2020 Extension** (pgs. 9-10) (if you don't have 2.0 CEU's and need an extra year to earn them use this form)
- 3) **2020 PLOA Professional Leave of Absence & payment form** (pgs. 11-12)
- 4) **2020 Will Not Be Renewing/Retired/Notworking in Field** (pg. 13)
- 5) **2020 Information of Dual RTC/RC Certification** (pg.14)

The Recreation Renewal Committee will meet in mid-June to review all RTC renewals. Should there be concern/questions with your renewal, the committee person reviewing your renewal will contact you for clarification and/or additional information. We recognize that this is an unprecedented and fluid situation and we will continue to evaluate and make necessary adjustments to our policies to assist all Recreation Therapists in maintaining certification.

ONCE THE RENEWAL IS APPROVED, begin earning your next 2.0 CEU's/20 Contact Hours which must fall within June 12, 2020 to June 1, 2022.



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).** Contact/CEU hours must fall within June 1, 2018 to June 12, 2020
- 3) **Complete and return the appropriate form and renewal payment** (*please 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. If, however, you need to know if certain categories of CEU's are acceptable please contact the CBRPC Office.



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 6/1/2018 TO 6/12/2020
Effective Immediately (and remaining permanently in place) CBRPC will accept 2.0 CEU's/20 Contact Hours in On-Line Courses related to Recreation Therapy
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 <i>Example: ATRA/CPRS/ NRPA or Board of Registered Nurses #</i>

**** 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.

ON-LINE LEARNING COURSES EXPANDED PERMANENTLY to 2.0 CEU/20 contact hours.

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

LANGUAGE COURSES limited to 1.0 CEU/10 contact hours.

*****EFFECTIVE JUNE 2020 CBRPC WILL NO LONGER ACCEPT SAFETY RELATED COURSES, COMPUTER SKILL COURSES OR WORK REQUIRED COURSES.**

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

Approved when you are the author/written current published text book/ 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.

You must provide written proof of publications

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.

DO NOT RETURN INSTRUCTIONAL PAGES 1 – 3 with your renewal.

JUNE 2020 RTC RENEWAL FORMS

(Pages 4-8)

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 June 1, 2018? <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 H: C:						W:	
PREFERRED Email:						Mailing address changed since June 1, 2018? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Race/Ethnicity (check all that apply) <i>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:</i> <input type="checkbox"/> Native American/American Indian/Alaskan Native <input type="checkbox"/> Asian/Asian American/ Pacific Islander/Filipino <input type="checkbox"/> Black/African American/ African <input type="checkbox"/> White/European <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Race/Ethnicity Not Listed (Please specify):			Sexual Orientation (check all that apply) <i>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 information. I identify with (optional):</i> <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unsure/ Questioning <input type="checkbox"/> Sexual Orientation Not Listed (Please specify): <input type="checkbox"/> Prefer not to answer			Gender (check all that apply) <i>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:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (specify): <input type="checkbox"/> 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:	

RTC/RC JUNE 2020 RENEWAL PAYMENT FORM

Must be completed and return with form(s)

	Check that apply	Amount
FEES for payment with a Check or Money Order		
RTC Renewal	<input type="checkbox"/>	\$ 100.00
DUEL RTC & RC Renewal	<input type="checkbox"/>	\$ 125.00
RTC Renewal LATE FEE <i>(includes the renewal fee of \$100) After September 18, 2020</i>	<input type="checkbox"/>	\$ 150.00
DUEL RTC & RC Renewal LATE FEE <i>(includes the renewal fee of \$125) After September 18, 2020</i>	<input type="checkbox"/>	\$ 175.00
FEES (\$5.00 processing) for payment with a Credit Card		
RTC Renewal	<input type="checkbox"/>	\$ 105.00
DUEL RTC & RC Renewal	<input type="checkbox"/>	\$ 130.00
RTC Renewal LATE FEE Applies <i>(includes the renewal fee of \$100) After September 18, 2020</i>	<input type="checkbox"/>	\$ 155.00
DUEL RTC & RC Renewal LATE FEE <i>(includes the renewal fee of \$125) After September 18, 2020</i>	<input type="checkbox"/>	\$ 180.00
RTC Replacement Certificate Fee		
		\$ 30.00
		CBRPC Lapel Pin
		\$ 8.00
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

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:

				-					-										
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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) mail to address below, or 2) email to: cbrpc@roadrunner.com as attachment
Paying by check/money order/cashier's check- mail payment and forms to: CBRPC, Inc P.O. Box 2137 Fall Brook, CA 92088

JUNE 2020 RTC RENEWAL CEU/Contact Hours

(Format has changed-read carefully) CEU/Contact Hours from 6/1/2018 -6/12/2020

Print clearly and complete all information- return ONLY the forms completed

Certificant's Full Name:
Place of Employment/Employer:
Work Number (include area code):
Work Email:

Client/Consumer Populations Served <i>(check all that apply)</i>			
<input type="checkbox"/> <i>Abused</i>	<input type="checkbox"/> <i>Eating Disorders</i>	<input type="checkbox"/> <i>Mental Health Conditions</i>	<input type="checkbox"/> <i>Public School Students</i>
<input type="checkbox"/> <i>Acute Care</i>	<input type="checkbox"/> <i>Head Trauma/Injury</i>	<input type="checkbox"/> <i>Oncology</i>	<input type="checkbox"/> <i>Sex Offenders</i>
<input type="checkbox"/> <i>Aged (Alzheimer's, Dementia)</i>	<input type="checkbox"/> <i>HI/Deaf</i>	<input type="checkbox"/> <i>Pediatrics</i>	<input type="checkbox"/> <i>Sexually Transmitted Diseases</i>
<input type="checkbox"/> <i>Blind/ Visual Impairments</i>	<input type="checkbox"/> <i>Homeless Streets/ Shelters</i>	<input type="checkbox"/> <i>Prisons/Detention Centers</i>	<input type="checkbox"/> <i>Special Education Students</i>
<input type="checkbox"/> <i>College/University Students</i>	<input type="checkbox"/> <i>Hospice</i>	<input type="checkbox"/> <i>Physical Disabilities/ Rehab.</i>	<input type="checkbox"/> <i>Substance Abuse</i>
<input type="checkbox"/> <i>CVA</i>	<input type="checkbox"/> <i>Intellectual & Developmentally Disabled</i>	<input type="checkbox"/> <i>Post-Traumatic Stress -Disorder</i>	<input type="checkbox"/> <i>Youth at Risk</i>

LIST ALL WORSHOPS/INSTITUTES/CONFERENCE COURSES

Unlimited CEU's

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 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  **EXPANDED to 2.0 CEU's or 20 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 AUTHORED WRITTEN/ PUBLICATIONS



books, articles, thesis, dissertations related to the recreation therapy field Approved author of current published text book/ 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

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California Certification Promotes Pride & Excellence in the Field

P.O. Box 2137 Fall Brook, CA 92088 V/M & Text: 661-538-1332 E: cbrpc@roadrunner.com Website: cbrpc.org

RTC JUNE 2020 EXTENSION FORM

(Pages 9-10)

Print/Type and complete ALL information and the Payment Information Form

CERTIFICATION NUMBERS		DATE OF BIRTH	
RTC#	-T & or RC#	Month:	Day: Year:
ADDITIONAL CERTIFICATIONS		CURRENTLY EMPLOYED IN THE FIELD?	
Additional Current Certifications- check if any apply: <input type="checkbox"/> CTRS <input type="checkbox"/> CPRP Other:		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 <input type="checkbox"/> Clinical Setting <input type="checkbox"/> Community Setting		How many years have you been working in the field?	
PRESENT JOB TITLE			
Check which applies to your 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 June 1, 2018? <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 H: C:		W:	
PREFERRED Email:		Mailing address change since June 1, 2018? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Race/Ethnicity (check all that apply)	Sexual Orientation (check all that apply)	Gender (check all that apply)
<i>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. I identify with:</i> <input type="checkbox"/> Native American/American Indian/Alaskan Native <input type="checkbox"/> Asian/Asian American/ Pacific Islander <input type="checkbox"/> Black/African American/ African <input type="checkbox"/> White/European <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Race/Ethnicity Not Listed (Please specify):	<i>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. I identify with (optional):</i> <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unsure/ Questioning <input type="checkbox"/> Sexual Orientation Not Listed (Please specify): <input type="checkbox"/> Prefer not to answer	<i>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. I identify with:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (specify): <input type="checkbox"/> 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:
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RTC JUNE 2020 EXTENSION PAYMENT FORM

Must be completed and return with form(s)

	Check that apply	Amount
FEES for payment with a Check or Money Order		
RTC Extension Fee (includes the renewal fee of \$100)		\$ 200.00
RTC Extension LATE FEE (includes the renewal fee of \$100) After September 18, 2020		\$ 250.00
FEES (\$5.00 processing) for payment with a Credit Card		
RTC Extension Fee (includes the renewal fee of \$100)		\$ 205.00
RTC Extension LATE FEE Applies (includes the renewal fee of \$100) After September 18, 2020		\$ 255.00
RTC Replacement Certificate Fee		\$ 30.00
CBRPC Lapel Pin		\$ 8.00
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 border="1" style="width: 100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>					-					-										
				-					-											
Credit Card Expiration Date:																				
Cardholder Printed Name:																				
Cardholder Signature:																				
Cardholder <u>BILLING</u> Address/City/ State: _____																				
Cardholder phone number & area code:																				
Date of completion:																				

Paying by credit card- Forms & Payment: 1) mail to address below, or 2) email cbrpc@roadrunner.com as attachment
Paying by check/money order/cashier's check- mail payment and forms to: CBRPC, Inc P.O. Box 2137 Fall Brook, CA 92088

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JUNE 2020 PLOA Professional Leave of Absence Form

(pages 11-12)

For certificants who have, during the last 2 years been off work due to: 1) caring for family, 2) surgery, 3) illness etc. and unable to obtain CEU's. This option is available for 3 renewal cycles- after that, it is no longer available. Complete pages 11-12

CERTIFICATION NUMBERS		DATE OF BIRTH	
RTC#	-T & or RC#	Month:	Day: Year:
ADDITIONAL CERTIFICATIONS		CURRENTLY EMPLOYED IN THE FIELD?	
Additional Current Certifications- check if 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"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> Clinical <input type="checkbox"/> Community		How many years have you been working in the field?	
PRESENT JOB TITLE			
Check which applies to your 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"/> EdD <input type="checkbox"/> other: explain			
Has your last name changed since June 2018? <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			
H:		C:	
PREFERRED Email:			Mailing address change since June 1, 2018? <input type="checkbox"/> No <input type="checkbox"/> Yes
Race/Ethnicity (check all that apply)		Sexual Orientation (check all that apply)	
<i>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. I identify with:</i> <input type="checkbox"/> Native American/American Indian/Alaskan Native <input type="checkbox"/> Asian/Asian American/ Pacific Islander/Filipino <input type="checkbox"/> Black/African American/ African <input type="checkbox"/> White/European <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Race/Ethnicity Not Listed (Please specify):		<i>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. I identify with (optional):</i> <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unsure/ Questioning <input type="checkbox"/> Sexual Orientation Not Listed (Please specify): <input type="checkbox"/> Prefer not to answer	
		Gender (check all that apply)	
		<i>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. I identify with:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (specify): <input type="checkbox"/> Prefer not to answer	
Reason for applying for leave of absence: (need more space- use other side of paper)			
<p>DECLARATION: I have read over and understand the Personal Leave of Absence plan provides up to six years of leave. The leave will be tracked in two-year increments for a grand total of three cycles. Each (2 year) cycle must be applied for and paid for. These cycles need not be continuous. RTC certification must be current at the time of my application and received 30 days prior to my deadline for recertification.</p> <p>If I am in an "Extension" period, then I am <u>not</u> eligible to apply for PLOA status. RTC renewal fees must be maintained. When I apply for reinstatement, I must demonstrate completion of 2.0 CEUs with the previous 24 months. I further understand that during the PLOA I cannot be working in the field and representing myself as an RTC, doing so will lead to the permanent loss of my state certification.</p>			
Signature:			Date:

RTC JUNE 2020 PLOA Professional Leave of Absence PAYMENT FORM

Must be completed and return with form(s)

FEES for payment with a Check or Money Order	Check that apply	Amount
RTC PLOA Professional Leave of Absence Fee		\$ 100.00
RTC PLOA Professional Leave of Absence LATE FEE (includes the PLOA fee of \$100) After September 18, 2020		\$ 150.00
FEES (\$5.00) for payment with a Credit Card		
RTC PLOA Professional Leave of Absence		\$ 105.00
RTC PLOA Professional Leave of Absence LATE FEE Applies (includes the renewal fee of \$100) After September 18, 2020		\$ 155.00
RTC Replacement Certificate Fee		\$ 30.00
CBRPC Lapel Pin		\$ 8.00
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

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

Paying by credit card- Forms & Payment: 1) mail to address below, or 2) email cbrpc@roadrunner.com as attachment

Paying by check/money order/cashier's check- mail payment and forms to: CBRPC, Inc P.O. Box 2137 Fall Brook, CA 92088

JUNE 2020 Cycle

I WILL NOT BE RENEWING

Name:		Certification #
Address:		City:
Email:		Zip:

Read, Check and sign here:

I understand if I want to come back, I do not re-take the exam and need to complete the Previously Certified Re-entry form, show proof of earning 2.0 CEU's within that cycle.

Your signature:

Check one or more of the following reasons:

	No longer working in the field (you may qualify for Life Time Certificate)
	Obtaining another degree
	Retired (you may qualify for Life Time Certificate)
	Out on disability
	Caring for a loved one(s)
	Too expensive
	Too challenging obtaining CEU's
	Other:

Additional Comments:

Whatever your decision, we wish you all the best that life has to offer and appreciate the years you were certified through CBRPC