

California Board of Recreation and Park Certification, Inc  
*California Certification Promotes Pride and Excellence in the Profession*  
Established in 1954 Non-Profit Corporation

P.O. Box 2137 Fallbrook CA 92088 661-538-1332 Email: [cbrpc@roadrunner.com](mailto:cbrpc@roadrunner.com) Website: cbrpc.org

# MEMO

**DATE:** Spring 2020

**TO:** Certified Universities

**FROM:** CBRPC

**SUBJECT: UNIVERSITY ANNUAL RENEWAL**

Complete the following information and return, along with your fee **due February 21, 2020**

**IMPORTANT:** Renewal applications **postmarked after the deadline date February 21, 2020 will pay the late fee** – see page 10

Late renewals will not be processed until the fee is paid, no exceptions

**RENEWAL FEE:** See and complete page 10

# 2020 UNIVERSITY RENEWAL

## WITH

### THERAPEUTIC RECREATION CURRICULA

## FACT SHEET

#### RENEWAL APPLICATION AND APPROVAL PROCEDURE:

- 1. Renewal Applications:** Approved universities shall be subject to renewal on an annual basis. A university failing to renew will be dropped from the list of approved programs and will be treated as a new program upon future application. **The renewal application deadline February 21, 2020**, and applications and supporting documentation must be postmarked by the deadline date. A renewal notice will be forwarded not less than sixty (60) days prior to the renewal date. A university not receiving such a notice at least forty-five (45) days prior to the renewal deadline should contact the CBRPC immediately.
- 2. RENEWAL FEES SEE & COMPLETE PAGE 10**  
**Late renewals will be given an additional 30 days.** Renewals and late fee not received after the 30 days of the original deadline date; all fieldwork/internship agencies will be notified not to accept students referred to them by the university. Do not put your students in jeopardy, renew on time.
- 3. Approval Process:** Renewal applications will be reviewed by the AURC Agency/University Review Committee which shall then recommend approval or denial to the CBRPC. Notice of approval status will be sent approximately the middle of March. The AURC may, at its own discretion, request additional information or documentation when it is deemed necessary for review of an application, but no application shall be held in a pending status from one application cycle to the next. Approval of renewal applications will be effective for a period of one year.
- 4. Approval Criteria for Renewals:** Renewal applications will be approved only if there has been no significant change in status with respect to:
  - ◆ A qualified recreation therapist, certified through CBRPC, must be on the faculty of the university or arrangements for a qualified preceptor.
  - ◆ The university therapeutic recreation curriculums, including all therapeutic recreation courses and related courses, which may be used to qualify for certification have changed since the last renewal.
  - ◆ The content of courses within the therapeutic recreation curriculum as defined. When changes in personnel occur, in order to be renewed, the university must submit a new "University Approval Application" in lieu of brief renewal application but the regular renewal fee will apply.
  - ◆ For clarification, a university may add or delete personnel upon renewal as long as one or more of the qualified CBRPC recreation therapists or the qualified preceptor continues to be employed by the university. (Such renewals are subject, however, to limitations on the use of preceptors and "Certification Eligible Recreation Therapists". A qualified preceptor, when the former does not achieve certification during the year or from a preceptor to a certification eligible recreation therapist who achieves certification during the year without filing a new application).
  - ◆ The basic rule is that there must be continuity in personnel.
  - ◆ When changes occur in the therapeutic recreation curriculum, including related courses which may be used to qualify for certification or in the content of courses within that curriculum, the university shall note such changes on a new "Program Review Form" submitted with the "University Renewal Application Form."
  - ◆ At the end of a year in which a preceptor is used, a university shall submit a "Preceptor's Annual Report" as a condition of renewal.
- 5. List of Approved Universities:** Following the approval cycle, the CBRPC shall prepare revisions to the list of approved universities. Such lists shall be distributed to approved fieldwork/internship agencies and to universities.

## PERSONNEL:

6. **Criterion:** A qualified recreation therapist, employed by the university, shall be available to approve the placement of and supervise students enrolled in therapeutic recreation fieldwork/internship courses. A qualified recreation therapist is one who:
- ◆ Is currently certified with the CBRPC as a Recreation Therapist or established eligibility (applied for and approved) to take the examination for such certifications and plans to take or retake the examination within one year. Please remember that approval is limited to one year during which the certification eligible recreation therapist<sup>t</sup> is expected to complete certification. If certification is not achieved within that period, the university must arrange for a preceptor recreation therapist currently certified with CBRPC or lose its approval status.
  - ◆ A qualified recreation therapist is one who is currently CBRPC certified. If the recreation therapist's certification with CBRPC is more than 6 months delinquent, that person is not considered currently certified.
  - ◆ A certified recreation therapist must submit a photocopy of his/her valid certificate or wallet card. A certification eligible recreation therapist must submit a photocopy of a letter from CBRPC authorizing him/her to take or retake the recreation therapist examination.
  - ◆ A "Personnel Qualification Form" shall be submitted for each person listed in the personnel section on the "Renewal Application Form," that we do not already have on file.

## CURRICULUM:

The university shall offer a combination of courses, which enables the student to meet coursework requirements for the recreation therapist certificate. More specifically, the university shall offer the following:

1. **Therapeutic Recreation Coursework:** To be completed only if there has been a change. The students have completed a minimum of nine (9) semester units or twelve (12) quarter units of therapeutic recreation content coursework. The coursework must include at least three (3) therapeutic recreation content courses consisting of a minimum of three (3) semester units or three (3) quarter units.  
Appropriate courses include, but are not limited to:
  - ◆ Recreation for Special Populations
  - ◆ Introduction to Therapeutic Recreation
  - ◆ Foundation of Therapeutic Recreation Services
  - ◆ Therapeutic Recreation/ Recreation Therapy ProceduresThe course content must include a significant theory as opposed to an activity component. The course title must include the words "Therapeutic Recreation" or specific reference to recreation for one or more special populations. The course objective must directly reflect some combination of Therapeutic Recreation Professional Emphasis Standards established by the Council on Accreditation of the National Recreation and Park Association (NRPA) in cooperation with the American Association for Leisure and Recreation (AALR) and published Standards and Evaluative Criteria for Recreation, Park Resources and Leisure Services Baccalaureate Curricula. It is not expected that one course would reflect all 24 standards. If there is a question about content of a course being submitted as a TR content course, the Board may require a submission of a course outline at the time of the renewal application.
2. **General Recreation Coursework:** To be completed only if there has been a change. The students must have completed a minimum of nine (9) semester units or Twelve (12) quarter units of general recreation content coursework. The coursework must include at least three (3) recreation content courses consisting of a minimum of three-(3) semester or three (3) quarter units per course. Appropriate courses include, but are not limited to:
  - ◆ Recreation and Leisure in Contemporary Society
  - ◆ Recreation Administration
  - ◆ Recreation Management
  - ◆ Introduction to Recreation
  - ◆ Introduction to Leisure Studies
3. **Related Coursework:** To be completed, only if there has been a change. Completion of a minimum of 18 semester units or 27 quarter units taken from at least three (3) of the areas enumerated below. A minimum of 14 semester units or 20-quarter units must be in upper division courses. The content of each course used to meet this requirement must clearly relate to the field of therapeutic recreation.
  - ◆ *Psychology* (e.g. Abnormal Psychology, Developmental Psychology; Physiological Psychology, Social Psychology, Group Dynamics, Psychology of Aging)
  - ◆ *Sociology*: (e.g. Sociology of Deviant Behavior, Social Psychology, Juvenile Delinquency).
  - ◆ *Biological Sciences*: (e.g. Human Anatomy, Physiology, Kinesology).
  - ◆ *Special Education* (e.g. perception problems, guidance and counseling, mental retardation)

- ◆ *Therapeutic Recreation* (therapeutic recreation content or skills courses, in addition to the required therapeutic recreation courses in item 1).
- ◆ *Adaptive Physical Education and Creative Arts:* (e.g. motor development for the atypical child, structure and motor disabilities in children, movement activities for special groups, arts for exceptional individuals, music therapy, adaptive theater arts).
- ◆ *Human Services:* (e.g. treatment and rehabilitation of the alcoholic, independent living for the severely disabled, medical-social aspects of rehabilitation, American Sign Language, drugs and human health, law-human services to the client, human growth and development).

◆

#### **PRECEPTOR OPTION:**

If the university does not employ a faculty member who meets the personnel criterion, it shall have the option of obtaining the services of a qualified preceptor. To be qualified, a preceptor must be certified by the CBRPC as a Recreation therapist and express a willingness to perform the role. ***A university may use the services of a preceptor for a maximum of two consecutive years*** from the date of initial approval of such use after which it must meet the personnel criterion or lose its approved status. In no case shall a preceptor also serve as the university fieldwork/internship instructor for any student completing a fieldwork/internship experience at any agency for which he or she serves as a preceptor. After the 2-year period the agency must become certified through CBRPC and one or more of the staff must become CBRPC RTC certified. If not, the agency will not longer be able to accept TR interns from our state universities.

#### **Role of the Preceptor:**

- ◆ Meeting in person with the faculty member coordinating the therapeutic recreation program to review fieldwork/internship plan of the university and make suggestions for change if necessary. Such a meeting shall take place one a year.
- ◆ To meet on a regular basis with therapeutic recreation student intern to receive their input on the organization and implementation of the therapeutic recreation fieldwork/internship program being precepted.
- ◆ Soliciting evaluative input from two or three agency supervisors involved regarding the organization and implementation of the therapeutic recreation fieldwork/internship program being precepted.
- ◆ To consult with the faculty member(s) supervising therapeutic recreation fieldwork/internship student at least twice per semester to advise them on the progress of the program and individual student experiences.
- ◆ Preparing and submitting to CBRPC, via the therapeutic recreation program coordinator at the university, an annual report summarizing the services performed by the preceptor. Such report shall be submitted in a timely manner to permit the university to attach it with its annual renewal application to CBRPC.

**\*\* Please do not turn in the fact sheet, just the pages that apply to your University Renewal**

## SPRING 2020 UNIVERSITY RENEWAL FORM

To be completed every spring

### 1. University Identification

<b>Name of University:</b>		
<b>Department Title:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State: CA</b>	<b>Zip Code:</b>
<b>Phone</b> (include area code):		<b>Fax:</b>
<b>Email:</b>		
<b>Name of person completing form:</b>		
<b>Title:</b>		<b>CBRPC RTC#</b>

<b>Total number of Internship Hours University required for RT/TR Students to complete:</b>
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### 2. Internship/Fieldwork Data for Year:

(Therapeutic Recreation Students Only)

	Fall	Winter	Spring	Summer	Total
Number of students in sites approved by CBRPC					
Number of students in sites not approved by CBRPC					
<b>Total</b>					

(Please attach a list of students completing fieldwork/internship experiences during the year. Include agency name and dates of experiences.)

### 3. Degree(s) Awarded: (Indicate full and exact title of degree(s) awarded in Therapeutic Recreation)

4. **Personnel:** (A, (below) list the faculty member with primary responsibility for coordination of the therapeutic recreation curriculum. In B (below), list all other qualified faculty who will supervise internship/fieldwork students. Indicate certification status by checking appropriate space. Attach proof of current certification status. Attach personnel qualification form for all new P/T & F/T personnel listed below.

Name	Title	CBRPC Certified	CBRPC Eligible
A.			
B.			

University will use services of a preceptor: Yes No If yes, attach a preceptor application form.  
Note: If a preceptor has been used during the past year, a "Preceptor's Annual Report" is required.

5. **Certification:** I hereby certify that this application and the attached "Program Review Form" indicate all changes in personnel, curriculum content and course content occurring during the past year which affect our approval status with CBRPC.

**Signature of person completing the form:**

**Required Attachments and PAYMENT INFORMATION FORM:** Make checks/money orders payable to: CBRPC  
**The renewal and fee is due no later than the second Friday in February.** Renewal applications received after due date will be assessed a late fee.

**IMPORTANT NOTICE:** Attach "Personnel Qualification Form(s), Preceptor and Program Review Form" only if changes have occurred since last year.

# Personnel Qualification Form

**(To be submitted for newly hired Part Time and/or Full-Time faculty ONLY- make additional copies as needed)**

<b>Name of University Seeking Renewal</b>

<b>PERSON SEEKING RENEWAL</b>	
Full Name:	
Title:	
Mailing Address:	City:
Zip Code:	Email:
Phone (include area code):	
<b>CERTIFICATION STATUS</b>	
CBRPC RTC #	Expires: Are you also Nationally Certified through NCTRC? <input type="checkbox"/> No <input type="checkbox"/> Yes

**EMPLOYMENT STATUS WITH AGENCY:** (Check if applicable)

<input type="checkbox"/> Full time (30 hours or more a week)	<input type="checkbox"/> Part time (29 hours a week or less)
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**EDUCATION**

Degree	Major	University	Date

**EXPERIENCE:** List therapeutic recreation employment. Start with the most current and work back.

Dates of Employment	Agency Name & Address	Job Title	Full time	Part time

A resume/vita may be submitted and or attached to supplement the information listed above.

**DECLARATION:** I hereby certify that the information submitted hereon is accurate to the best of my knowledge and belief.

Signature:	Date:
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Make a copy for your records.

**Reply to:** CBRPC P.O. Box 2137 Fallbrook CA 92088

## PRECEPTOR APPLICATION FORM

(Submit ONLY when you are acting as a preceptor for an agency or there has been a change in the preceptor)

<b>NAME OF UNIVERSITY SEEKING APPROVAL:</b>	
<b>PRECEPTOR'S NAME:</b>	
<b>CBRPC Recreation Therapist Certification #:</b>	<b>Expiration date:</b>
-T	
<b>Are you also Nationally Certified through NCTRC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Home phone</b> (include area code):	<b>Cell phone</b> (include area code):
<b>Home E-mail:</b>	
<b>Mailing Address:</b>	
<b>City:</b>	<b>State: CA Zip Code:</b>

<b>AGENCY NAME WHERE PRECEPTOR IS REGULARY EMPLOYED:</b> (not the agency seeking approval)	
<b>Address:</b>	
<b>City:</b>	<b>State: CA Zip Code:</b>
<b>Department/Unit/Section:</b>	
<b>Work phone</b> (include area code) :	<b>Extension:</b>
<b>Fax</b> (include area code):	<b>Work E mail:</b>
<b>Number of years employed with agency:</b>	<input type="checkbox"/> Full time (30 hrs or more) <input type="checkbox"/> Part-time (Less than 30 hrs)

I certify that I understand and agree to fulfill the role of the preceptor described therein for the agency or university indicated above and will provide an annual report to the agency/university and CBRPC. I further understand that as a preceptor I can only be utilized by the agency/facility for 2 consecutive years and then the agency/facility must have an RTC in place or loose their status as a CBRPC agency site. Falsification of documents/ reports will mean immediate loss of CBRPC RTC Certification.

<b>Signature:</b>
<b>Date:</b>

Make and keep a copy for your records.

California Board of Recreation and Park Certification, Inc  
**2020 University Renewal Program Review Form**

**(Submit ONLY when there has been a change in your program)**

<b>Name of University:</b>	<b>Prepared By:</b>
<b>Therapeutic Recreation Coordinator:</b>	<b>Date Prepared:</b>
<b>Changes in curriculum:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes-complete changes below	<b>CBRPC RTC#</b> <b>-T Expiration Date</b>

**List all Therapeutic Recreation Content Course Work**

Subject Area	Course Number	Course Title	Units		Description Attached
			Semester	Quarter	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N

**List all General Recreation Content Course Work**

Subject Area	Course Number	Course Title	Units		Description Attached
			Semester	Quarter	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N

**List Therapeutic Recreation Internship/Fieldwork Course(s)**

Subject Area	Course Number	Course Title	Units		Description Attached
			Semester	Quarter	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N



**List all Related Course Work:**



The content of each course must clearly relate to the field of therapeutic recreation. Please group alphabetically by subject area. Please list only the course related to the category indicated.

Subject Area	Course Number	Course Title	Units		Description Attached
			Semester	Quarter	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N

**CBRPC, Inc UNIVERSITY RENEWAL spring 2020  
PAYMENT INFORMATION**

<b>Name of University</b>	
<b>Person completing form</b>	

Print Clearly

CHECK/MONEY ORDER FEE	Check that apply	Amount
University Renewal		\$ 75.00
University Renewal <b>LATE FEE applies February 22 to March 30, 2020</b>		\$131.00
  <b>CREDIT CARD PAYMENT (includes \$5 processing fee)</b>		Amount
University Renewal	Check that apply	\$ 80.00
University Renewal <b>LATE FEE applies February 22 to March 30, 2020</b>		\$136.00
<b>TOTAL AMOUNT TO BE PAID</b>		\$

<b>Attach and Mail Check/Money Order Made Payable to: CBRPC PO Box 2137 Fallbrook. CA 92088</b>	
<b>Check #</b>	<b>Money Order#</b>

Check one:   or  

<b>Card Number:</b>
<b>Credit Card Expiration Date:</b>
<b>Cardholder Name:</b>
<b>Cardholder Address:</b>
<b>Cardholder Signature:</b>
<b>Date Completed:</b>

Email to [cbrpc@roadrunner.com](mailto:cbrpc@roadrunner.com)

**\*\*Make a copy for your records and keep with your renewal packet**