

## RECREATION THERAPY FIELDWORK/INTERNSHIP FACT SHEET & AGENCY APPLICATION

Please read carefully pages 1-5 carefully before completing the Application forms

### I. PURPOSE:

To be eligible to take the California Board of Recreation and Park Certification examination for voluntary certification as a Recreation Therapist, the candidate must, among other requirements, complete fieldwork, internship or work experience requirement of prescribed content and duration. As a means of assuring consistency in content and quality, the CBRPC has, at the request of the Therapeutic Recreation Section of the California Park and Recreation Society, adopted specific criteria for such experiences and established a procedure for the approval of training sites based on those criteria.

### II. APPLICATION AND APPROVAL PROCEDURE

#### 1. New and renewing applications:

Based on recommendations from the Agency and University Review Committee (AURC), the board is in the process of trying to move due dates for agencies and universities so that agencies are approved at the beginning of the semester. The new dates are as follows:

SPRING APPLICATIONS	FALL APPLICATIONS
<p><b>Deadline for New Applications &amp; Renewals:</b> 1st Friday of Feb. <b>No hard copies- email as attachment application and subsequent documents</b> -AURC (Agency/University Review Committee) meets to review new &amp; renewal applications in February. -Effective date (once approved) 1<sup>st</sup> of March</p>	<p><b>Deadline for New Applications &amp; Renewals:</b> 3rd Friday of July <b>No hard copies- email as attachment application and subsequent documents</b> -AURC (Agency/University Review Committee) meets to review new &amp; renewals applications in August. -Effective date (once approved) 1<sup>st</sup> of September</p>

#### 2. Application Fees See payment form on page 12

#### 3. Approval Criteria for Annual Renewal:

Once the agency has been approved, renewal will be approved only if there has been no change in the status of the agency with respect to:

- Continued employment of personnel qualifying the agency for approval
- Content of the fieldwork/internship experience and
- Basic services provided by the agency.

When changes in the above occur, in order to be renewed, the agency will be required to file the updated documentation.

For clarification, an approved agency may add or delete personnel upon renewal as long as one or more of the qualified recreation therapists, the qualified preceptor when used, continues to be employed by the agency. (Such renewals are subject, however, to limitations on the use of preceptors and certification eligible recreation therapists.) For example, an agency may change from a "certification eligible recreation therapist" to 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 of personnel. At the end of any year during which a preceptor is used, an agency shall submit a "Preceptor's Annual Report" as a condition of renewal.*

4. The following criteria should be used when applying to the CBRPC for Fieldwork/Internship site approval. Please review the criteria very carefully before completing the application requirements.

### **III. PERSONNEL**

*Full-time:*

- *Minimum 30 hours a week or more*
- *Certified State and Nationally Recreation Therapist*
- *Responsible for the education, training and supervision of the internship student*
- *Be available to meet with the student on a regular basis*

**A qualified recreation therapist is one who:**

- Currently certified with CBRPC as a Recreation Therapist Certified – RTC and is able to
- Currently certified with NCTRC and CBRPC or one of the staff must also be state certified
- Demonstrate two years full time employment with agency

*When option 2 above is used, approval is limited to one year during which the "certification eligible recreation therapist" is expected to complete certification. If certification is not achieved within that period, the agency must arrange for a preceptor Recreation Therapist who is currently certified with CBRPC or lose its approval status. A qualified recreation therapist is one who is currently certified. If the recreation therapist's certification with CBRPC is more than (6) six months delinquent, that person is not considered currently certified.*

📌 **PLEASE NOTE:** *If the agency seeking approval does not employ a qualified state certified recreation therapist, as defined above, it shall have the option of obtaining the services of a preceptor as provided in Section V-A below **for up to 2 years**- then the agency must have one of the staff get state certification or longer be eligible for intern students from the state of CA.*

### **IV. DUTIES AND RESPONSIBILITIES OF RECREATION THERAPIST**

*The duties and responsibilities of the recreation therapist shall be clearly enumerated by the agency.*

### **V. PROGRAM CONTENT** (outline format)

*The fieldwork/internship agency shall have a therapeutic recreation program, which contain minimum elements as specified in either (A) or (B) below.*

#### **A. CLINICAL SETTING**

1. **Program mission statement:** Philosophy statement, goals and objectives/outcomes
2. **Identification of regulatory bodies** having jurisdiction over the administration of the therapeutic recreation program such as JC, CARF, ACRDO, OBRA, Title 22, HIPPA, etc.
3. **Policies and procedures:** Procedures related to the administration of the therapeutic recreation program.
  - Assessment process: Instrument(s)/tools related to the initial evaluation of the client/resident/patient.
  - Treatment planning: Client/resident/patient goals and objectives/outcomes to meet those needs.

- Program methodology: Described planned directed therapeutic programs related to meeting goals and objectives (i.e., leisure counseling/education, creative arts, adapted sports, social skills, reality orientation, mobility training, community adjustment etc.) For each identified program, indicate the program purpose, goals, and objectives and projected outcomes.
- Documentation process: Charting, process notes, attendance records, etc.
- Program administration: Summary of transportation, planning, insurance/liability coverage, risk management, fund raising, budget, public relations, advisory groups, regular meetings, coordination of volunteers, utilization of community resources.
- Discharge planning: Pre-discharge counseling, community reintegration, utilization of community resources and relevant follow-up.

4. **Additional program components**: Indicate how these components are utilized at your facility if applicable  
(Examples: social events, case studies, adaptive equipment etc.)

#### **B. COMMUNITY/NON-PROFIT/TRANSITIONAL BASED SETTING/ PUBLIC SCHOOL SETTING**

1. **Program mission statement**: Philosophy statement, goals and objectives.
2. **Statement of purpose of therapeutic recreation programs** as related to overall agency organization: Governance, where program fits in the agency.
3. **Identification of regulatory bodies** having jurisdiction over the administration of the therapeutic recreation program such as adult day care etc. (OBRA, CARF, Title 22, JCAHO etc.)
4. **Policies and procedures**: Procedures related to the administration of the therapeutic recreation program.

- Needs assessment: Community surveys, intake interviews/assessments/inclusionary needs, referral system, program requirements and procedures, etc.
- Program planning: Therapeutic recreation needs, goals, and objectives to meet those needs.
- Program implementation: Identification of the programs (i.e., sports, arts and crafts, social skills, community adjustment, /awareness, inclusion, mobility training, body building, social clubs, adult day care etc.)  
For each program, indicate the program purpose, goals and objectives and program outcome.
- Documentation procedures: Record keeping, notes, attendance records and evaluations etc.
- Program administration: Summary of transportation planning, insurance/liability coverage, risk management, fund raising, budget, public relations, advisory groups/committees/boards, coordination of volunteers, utilization of community resources.

5. **Additional program components**: Indicate how these components are utilized at your facility if applicable i.e., special events, Special Olympics, sports festivals, annual events etc.

#### **VI. CONTENT OF RECREATION THERAPY STUDENT INTERNSHIP TRAINING PROGRAM (outline format)**

- A.** The agency shall develop and maintain a training program for fieldwork/internship students which shall include the following:
1. Outline orientation procedures for the student trainees (sample schedule)
  2. Defined goals and objectives for the training program such as specific goals and objectives, methods, and time frame
  3. Outline duties and responsibilities of the student trainee (fieldwork student or intern job description)
  4. Outline assignments for student trainee (special events, projects, field assignments, case study, weekly outcome, etc.
  5. The presence of didactic, educational and training resources for use of the student trainee (i.e., books, audiovisuals, visitations, telephone calls).

6. Outline of regular coordination between the agency and universities attended by student trainees (i.e., agreements, visitation, and telephone calls.)
7. Outline of regular supervision and evaluation of the student trainee.
8. Students must complete a minimum of 600 hours at the certified internship agency site
9. All student evaluations are to be reviewed face to face with the student and submitted to the University Internship Supervisor and kept on file with the CBRPC Agency file.

## VII. SPECIAL ARRANGEMENTS

A. **Preceptor Option:** utilized when an agency cannot meet the personnel criterion noted in Section I, 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 described herein below. An agency may use the services of a preceptor for a **maximum of two consecutive years** from the date of the initial approval of such use after which the agency must meet the personnel criteria in Section I or lose its approval status. In no case shall a preceptor also serve as the university fieldwork instructor for any student completing a fieldwork/internship experience at an agency for which he or she serves as preceptor.

**Role of Preceptor:** The duties and responsibilities of an agency preceptor shall include, but not necessarily be limited to the following:

- a. Assist the agency in the preparation of its training program and its application to CBRPC for approval as a fieldwork/internship site.
- b. Meeting with the student, agency supervisor and contact the university fieldwork/internship instructor to review the program and establish guidelines for the working relationship prior to the start of the training program.
- c. Review periodic progress reports and conferring with the student and agency supervisor on a regular basis (minimum of four times during the internship training period) to discuss such reports.
- d. Meet with the agency supervisor, student and university fieldwork/internship instructor to review and co-sign mid-term and final evaluations.
- e. Preparing an annual report which shall be submitted to the agency in a timely manner for inclusion in its renewal application and which shall contain the following:
  - 1) A brief summary of the pre-experience, mid-term and final meetings enumerated above.
  - 2) A brief summary of the training program and the student's performance.
  - 3) Name(s) of student(s) involved in the experience(s) with corresponding dates.
  - 4) Signature of preceptor on the Therapeutic Recreation Internship Confirmation Form.
- f. Reviewing and signing the agency's annual renewal application to be submitted to the CBRPC.

B. **Unique Opportunity Option:** A unique opportunity is one which cannot meet the criteria for approval specified by CBRPC for one or more reasons but in which a specific student(s) can be expected to achieve an acceptable level of training. For example, the agency may not have an existing therapeutic recreation program and may wish to develop one or may have a program which differs significantly from those described in Section III.

1. Such opportunities shall be approved for a designated student and shall expire when the student's fieldwork/internship experience ends.
2. A student participating in a unique opportunity shall have previously achieved a level of working knowledge of the field, which will assure success in the proposed opportunity.
3. The opportunity must contain a combination of therapeutic recreation training experiences, which are essentially like those required for any other approved fieldwork/internship situation.

C. **Out-of-State Agency Approval:** While out-of-state agencies may be granted approval through regular criteria and procedures noted above, they also have the option of seeking special advanced approval based

on the criteria listed below. Such approval is desirable to assure the student in advance that he or she will be participating in a qualified experience.

1. A full-time recreation therapist employed by the agency, who is currently certified by NCTRC as a certified therapeutic recreation specialist shall be available to supervise the student during the fieldwork/internship experience,
2. Criteria noted in Section II-IV above shall be met.

**D. Foreign Country Agency Approval:**

1. Agencies in foreign countries may be eligible for approval as Fieldwork/internship sites.
2. The individual who will supervise the student must have the minimum or above qualifications in therapeutic recreation/Recreation Therapy, or other fields, comparable to those of a qualified agency supervisor as outlined in Section I above.
3. Criteria noted in Sections II-IV above shall be met.

**VIII. "DISCLAIMER:"**

**Agencies should check with University Supervisors for a possible Risk Management or University Affiliation Contract.**

CBRPC does not provide or ask for this contract and each University has different requirements for their student TR interns.

**IX. MINIMUM REQUIRED INTERNSHIP HOURS: Agencies can require more but not less than 600 hours.**



- Agency Completed Application to be sent via email as a pdf attachment
- Check/money order to be sent by mail/ Credit card payment can come with pdf document (see payment page)
- **Entire document need not be more than 15 pages**
- **ALWAYS** make and keep copy of your application for your files.

## TR FIELDWORK/INTERNSHIP AGENCY APPLICATION

**1. AGENCY IDENTIFICATION:**

<b>Agency Name:</b>	
<b>(include area codes)</b>	
<b>Phone:</b>	<b>Extension</b> <b>Fax:</b>
<b>E-mail:</b>	
<b>RT/TR Unit phone:</b>	
<b>Name of RT/TR or Adjunctive Therapy Department head(s):</b>	
<b>Address:</b>	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<b>Type of Agency:</b> Check all categories that apply	
<b>CLINICAL SETTING (check all that apply)</b>	<b>COMMUNITY/NON-PROFIT/GROUP HOMES/TRANSITIONAL SETTING (Check all that apply)</b>
<input type="checkbox"/> Acute Care <input type="checkbox"/> Aids/HIV <input type="checkbox"/> Alzheimer's/Dementia/Aged/Elderly <input type="checkbox"/> Cancer <input type="checkbox"/> CVA-Stroke/Rehab/Physical Disabilities <input type="checkbox"/> Intellectually disabled/ Developmental Disabilities <input type="checkbox"/> Mental Health Conditions <input type="checkbox"/> Forensic/Prisons <input type="checkbox"/> Hospice/Palliative Care <input type="checkbox"/> Oncology <input type="checkbox"/> Social Offenders <input type="checkbox"/> Substance Abuse/Eating Disorders <input type="checkbox"/> Youth at Risk <input type="checkbox"/> Other: specify	<input type="checkbox"/> Aids/HIV <input type="checkbox"/> Alzheimer's/Dementia/Aged/Elderly <input type="checkbox"/> Cancer/Oncology <input type="checkbox"/> CVA-Stroke/Rehab/Physical Disabilities <input type="checkbox"/> Intellectually disabled/ Developmentally Disabled <input type="checkbox"/> Mental Health Conditions <input type="checkbox"/> Military <input type="checkbox"/> Forensic/Prisons <input type="checkbox"/> Hospice/Palliative Care <input type="checkbox"/> Public/Private Schools/Colleges & Universities <input type="checkbox"/> Social Offenders <input type="checkbox"/> Substance Abuse/Eating Disorders <input type="checkbox"/> Youth at Risk <input type="checkbox"/> Other: specify

1. **PERSONNEL:** All personnel listed in this section must be currently CBRPC certified or eligible, be employed full time (30 hours or more a week)
2. Employed full time in TR field two year or more. Line A, list all qualified staff member with the primary responsibility for coordinating the student training program. Line B, list all other qualified staff members who will supervise internship/fieldwork students.

Name	Title	CBRPC Certification #	CBRPC Eligible Date taking exam	Years of Full time Exp.
A.				
B.				

Agency will use services of a preceptor:  yes  no. If yes, attach a preceptor application form.

<b>3. PERSON COMPLETING THE APPLICATION</b>	
<input type="checkbox"/> Dr <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <b>Print Full Name:</b>	<b>Complete Job Title:</b>
<b>Minimal number of hours this agency/organization requires of Recreation Therapy Students completing their</b>	
<b>Hours:</b> (CBRPC requires no less than 560 hrs.)	<b>Number of weeks:</b> <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20

*I hereby declare that the information contained in this application and all other information hereto is accurate to the best of my knowledge and belief.*

<b>Signature</b>	<b>Completion Date</b>

California Board of Recreation and Park Certification, Inc  
**PERSONNEL QUALIFICATION FORM**

**NAME OF AGENCY SEEKING APPROVAL**

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<b>Person Seeking Approval:</b>	<b>Official Job Title:</b>
<b>Mailing Address:</b>	<b>City:</b>
<b>Zip Code:</b>	<b>Phone: (     )</b>
<b>Email:</b>	
<b>Employment status with Agency:</b> <b>Current number of years with agency: _____</b> <input type="checkbox"/> <b>Full time</b> (30 hours or more a week) <input type="checkbox"/> <b>Part time</b> (29 hrs a week or less)	<b>CBRPC Certification Status:</b> <input type="checkbox"/> Applied for and eligible to sit for the exam- date expected to take the exam: _____  <input type="checkbox"/> Currently CBRPC RTC Certified: _____-T Expiration Date:

**EDUCATION**

Degree earned	Major	University	Date degree earned

**EXPERIENCE**

Dates of employment	Agency Name & Address	Official Job Title	Full Time	Part Time

Resume/vitae may be attached to supplement the information provided above but is not to be in place of the requested information.

**DECLARATION:**

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

Signature	Date of completion

## PRECEPTOR APPLICATION

<b>Complete Name of Agency Seeking Approval</b>	
<b>Agency Contact Person's Name who will be utilizing the preceptor</b>	
<b>Phone Number</b>	<b>Email</b>
<b>Preceptor's Full Name</b>	<b>Official Job Title</b>
<b>Mailing Address</b>	<b>City</b>
<b>Zip Code</b>	<b>Phone</b>
<b>Fax</b>	<b>Cell</b>
<b>Current CBRPC Certification number:</b> -T	<b>Expiration date:</b>
<b>Email:</b>	
<b>Agency where preceptor is currently employed:</b>	
<b>Agency Address:</b>	
<b>City :</b>	<b>State: CA      Zip Code:</b>
<b>Work Phone: (        )</b>	<b>Extension</b>

**DECLARATION:**

*I certify that I understand the importance and duties of the Recreation Therapy Internship Agency Preceptor and agree to fulfill the duties and responsibilities as described therein for the agency/university indicated above.*

*I further understand the important to comply with all federal and state regulations including the privacy of all consumers. I will not divulge any information to anyone about how the RT university student that I am working is doing except for the agency supervisor and University supervisor.*

*I further understand that upon completion of a student internship, I will submit a written report as indicated in the description of the duties and responsibilities and attached form to CBRPC via: 1) email as a Microsoft word document or 2) hard copy to CBRPC PO Box 2137 Fallbrook CA 92088*

<b>Preceptor's Signature:</b>	<b>Dated:</b>

Keep a copy for your records and send a copy to the agency/university.




## PRECEPTOR RT INTERNSHIP AGENCY STUDENT REPORT

<b>Preceptors Full Name</b>	
<b>CBRPC/ NCTRC Certification # and expiration Date:</b>	
<b>Email Address:</b>	
<b>Work Phone:</b>	<b>Cell phone:</b>
<b>Name of Agency where Preceptor was utilized:</b>	
<b>Agency Address:</b>	
<b>Supervising Student Internship Information</b>	
<b>Students Full Name:</b>	
<b>Date Internship Began:</b>	<b>Completion Date:</b>
<b>Name of University Instructor Maintaining Contact with:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Check which one report applies:</b> <input type="checkbox"/> pre-experience, <input type="checkbox"/> mid-term, <input type="checkbox"/> final meetings with student	
<b>Copy sent to:</b> <input type="checkbox"/> CBRPC <input type="checkbox"/> agency supervisor and <input type="checkbox"/> university internship faculty	
<b>Summary of checked item above:</b>	
<b>Summary of the training program and the student's performance: Check one and briefly explain below:</b>	
<input type="checkbox"/> Needs improvement <input type="checkbox"/> Competent <input type="checkbox"/> Well done	
<b>Preceptors Signature</b>	<b>Date of completion of report</b>
<b>Additional Comments/Recommendations/Challenges</b>	
<b>Would you be willing to be a Preceptor again? <i>If no, please provide a brief explanation</i></b>	
<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No- please provide a brief explanation	

## THERAPEUTIC RECREATION INTERNSHIP CONFIRMATION FORM

(To be completed and submitted when you have a TR/RT internship student-make additional copy of blank form for future use)



(Print or type clearly)

<b>Student's Full Name:</b>			
<b>Mailing Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Email:</b>			
<b>University:</b>		<b>Faculty Contact:</b>	
<b>Date Internship began:</b>	<b>Date of completion:</b>	<b>Total hours completed:</b>	
<b>Intern Agency Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Agency TR/RT Supervisor's Full Name:</b>			
<b>Official Job Title:</b>			
<b>Verifying Signature:</b>			
<b>Email:</b>			
<b>RTC #</b>	<b>-T Expiration date:</b>	<b>CTRS#</b>	<b>Expiration date:</b>
<b>Additional comments</b>			
			
<b>Immediately upon completion of a student internship, email as attachment: cbrpc@roadrunner.com or mail original to CBRPC PO 2137 Fallbrook CA 92088 and copies for Agency &amp; University</b>			

## CBRPC RECREATION THERAPY INTERNSHIP AGENCY APPLICATION PAYMENT INFORMATION

Name of Agency: \_\_\_\_\_

CHECK/MONEY ORDER FEE	Check that apply	Amount
RT Internship Agency Application		\$ 80.00
<b>CREDIT CARD/CHECK/MONEY OREDR FEE (includes \$5 processing fee)</b>		
RT Internship Agency Application		\$ 85.00
		\$

Card Number:
Expiration Date:
Cardholder Name:
Cardholder Signature:
Cardholder Billing Address: _____
Date of completion:

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

<b>Attach and Mail Check/Money Order Made Payable to: CBRPC PO Box 2137 Fallbrook, CA 92088</b>	
In the Amount of: \$	
Check #	Money Order#