

Established in 1954 Non-Profit Corporation
California certification promotes pride and excellence in the profession

RTAR-RECREATION THERAPIST ASSISTANT REGISTRATION Fact Sheet and Application

GOAL OF CERTIFICATION:

To assure the general public and employing agency of the competence of recreation and park professionals and paraprofessionals by certifying that they meet prescribed standards. The Recreation Therapist Assistant Registration is designed to certify that an individual is qualified through training and experience to conduct and administer therapeutic recreation services at a paraprofessional level.

REQUIREMENTS (select one):

OPTION A

1. Completion of an approved National Therapeutic Recreation Society 750-hour Training Program for therapeutic recreation personnel verified by an official certificate of completion. 📌 Note: Applicants using this option do not need to complete fieldwork experience beyond that which is included in the 750-hour program.

OR

OPTION B

1. Completion of at least 18 semester units, or 24 quarter units of academic coursework which shall include:
 - a. A minimum of **two courses** (each course at least 3 semester units) **dealing exclusively with therapeutic recreation content**: one must be a therapeutic recreation introduction course; the other may be an additional therapeutic recreation course or an approved 36-hour training course.
 - b. A minimum of 12 semester units, or 18-quarter units of supportive coursework selected from recreation and related areas (psychology, sociology, the sciences, human services and activity skill classes).
2. Completion of a 360-hour fieldwork experience in a clinical, residential or community-based therapeutic recreation program while enrolled in a college or university fieldwork course, **or** completion of a minimum of 1500 hours of paid and/or voluntary experience in a clinical, residential or community-based therapeutic recreation program. 📌 Note: Special documentation is required to describe work experience content.

OR

OPTION C

1. Completion of an Associate of Arts Degree or higher from an accredited educational institution with a major in recreation or a related area (art, music, dance, gerontology, psychology, physical education and other human services) which shall include:
 - a. A minimum of two courses (each course at least 3 semester units) dealing exclusively with therapeutic recreation content: one must be a therapeutic recreation introduction course; the other may be an additional therapeutic recreation course or an approved 36-hour training course.
2. Completion of a 360-hour fieldwork experience in a clinical, residential or community-based therapeutic program while enrolled in a college or university fieldwork course, **or** completion of a minimum of 1500 hours of paid and/or voluntary experience in a clinical, residential or community-based therapeutic recreation program.
📌 Note: Special documentation is required to describe work experience content.

OR

OPTION D

1. Completion of an Associate of Arts Degree from an accredited educational institution with a major in Therapeutic Recreation or a major in Recreation and an option in therapeutic recreation which shall include:
 - a. A minimum of two courses (each course at least 3 semester units) dealing exclusively with therapeutic recreation content; one must be a therapeutic recreation introduction course; the other may be an additional therapeutic recreation course **or** a 36-hour training course.

- b. A minimum of 12 semester units or 18-quarter units of supportive coursework selected from related areas (psychology, sociology, the sciences, human services and activity skill classes).
2. Completion of a 480-hour fieldwork experience (beginning fall 2010 increased to 560 hours) in a clinical, residential or community-based therapeutic recreation program while enrolled in a college or university fieldwork course, **or** completion of a minimum of 1500 hours of paid and/or voluntary experience in a clinical, residential or community-based therapeutic recreation program. 📌 **Note:** Special documentation is required to describe work experience content.
- ◆ **If Option A is selected**, include photocopy of official certificate showing completion of the NTRS 750-hour Training Program for therapeutic recreation personnel.
 - ◆ **If Option B is selected**, arrange for an official (unopened) transcript to be sent to you or to CBRPC directly to verify coursework. Be sure that the transcript is up-to-date and allow four to six weeks for preparation and mailing by the university. If the transcript is sent to you, do not open it since an official transcript must be sealed. An official transcript must verify Coursework.

A letter on agency letterhead signed by the agency supervisor, personnel director, or administrator must verify fieldwork or paid/voluntary experience. Such letters must clearly specify the dates of the fieldwork or experience, the number of hours and the position held. A letter must be included to show proof of paid and or volunteer work in therapeutic recreation programs.

- ◆ **If Option C or Option D is selected**, arrange for an official (unopened) transcript to be sent to you or to CBRPC directly to verify coursework. Be sure that the transcript is up-to-date and allow four to six weeks for preparation and mailing by the university. If the transcript is sent to you, do not open it since an official transcript must be sealed.

Fieldwork or paid/voluntary experience must be verified by a letter on agency letterhead and signed by the agency supervisor, personnel director, or administrator. Such letters must clearly specify the dates of the fieldwork or experience, the number of hours and the position held. The letter needs to include a description of your duties (i.e. job description) and a description of the agency’s therapeutic recreation program.

APPLICATION PROCEDURE:

The CRC Credential Review Committee will review applications twice a year. Certificates issued are valid for a two-year period and must be renewed. A renewal notice will be sent and a fee is required to cover costs and help support the registration program.

The application form and application fee must be postmarked by the application deadline dates indicated below. Applications postmarked after the deadline will be returned to the applicant and asked to be re sent for the next application deadline date. Applications will be acknowledged if accepted for processing. Supporting documentation for applicants accepted for processing may be postmarked up to ten (10) calendar days following the deadline date. Applicants will receive notice of denial or approval following the quarterly meeting of the board.

APPLICATION DEADLINE DATES:

SPRING CYCLE	FALL CYCLE
The last Friday in January	The last Friday in August

FEES AND REFUND POLICY:

Application Fee Form: must accompany the application. *This fee is non refundable.*

Once Registered, renewal is every 2 years

**CBRPC RTAR APPLICATION
PAYMENT FORM**

Print all information clearly

Checks returned by bank for insufficient funds will be charged an additional \$40. *All fees are non refundable.*

Applicants Full Name: _____

CHECK/MONEY ORDER/ CASHIER'S CHECK (\$40 return check fee)	Check that apply	Amount
Recreation Therapy Assistant Registered Application		\$ 85.00
CREDIT CARD PAYMENT (includes a \$5.00 processing fee)		Amount
Recreation Therapy Assistant Registered Application		\$ 90.00
TOTAL AMOUNT TO BE PAID		\$

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


 

Card Number: _____

Expiration Date: _____

Cardholder Name: _____

Cardholder Signature: _____

Cardholder Address: _____

Cardholder phone number: _____

Date: _____

Email application and credit card form to cbrpc@roadrunner.com

PAYMENT BY CHECK/MONEY ORDER (\$40 return check fee)

Check/Money Order Made Payable to: CBRPC

Mail application & Payment form to: CBRPC PO Box 2137 Fallbrook CA 92088

Attached Check/Money Order # _____ is made in the amount of: \$ _____

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California Certification Promotes Pride and Excellence in the Profession

RTAR-RECREATION THERAPIST ASSISTANT REGISTRATION APPLICATION

IDENTIFICATION

Name:	
Mailing address:	City:
State:	Zip Code:
Date of birth: / /	
Home Phone: ()	Work Phone: () ext.
Fax: ()	E-mail:
Email:	
Name of records if different from above:	

Ethnicity: Please check all that apply.

<input type="checkbox"/>	White or Caucasian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Guamanian
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Latino
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Other Pacific Islander	<input type="checkbox"/>	Mien
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Laotian
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Unknown/ Not Reported

Previous application filled with CBRPC: No Yes- If yes, date: _____

Are you a current member of the California Park and Recreation Society? No Yes-If yes, attach a copy of your membership card for the discounted rate.

OPTION UNDER WHICH YOU ARE APPLYING: (See "Requirements" on Fact Sheet and check the appropriate option listed below).

<input type="checkbox"/> Option A <input type="checkbox"/> Option B <input type="checkbox"/> Option C <input type="checkbox"/> Option D	
Degree (if applicable): _____	Institution: _____
Major: _____	Minor (if applicable): _____

3. QUALIFYING COURSEWORK:

Requirements	University/ College	Prefix & Course Number	Course Title	No. Units Semester/ Quarter	Date Completed Month/Year	Office Use
Therapeutic Recreation Introduction Course (Opt. B,C & D)						

Requirements	University/ College	Prefix & Course Number	Course Title	No. Units Semester/ Quarter	Date Completed Month/Year	Office Use
Additional TR Courses or 36-hour Training Course (Opt. B,C & D) Coursework						
Supportive Work (Opt. B & D)						

1. THERAPEUTIC RECREATION FIELDWORK/INTERNSHIP OR WORK EXPERIENCE:
(List only those experiences, which qualify you for registration- See Fact Sheet).

AGENCY & DEPARTMENT	STREET ADDRESS, CITY, STATE & ZIP CODE	POSITION HELD: (Enter Intern for any Fieldwork or Internship Experience)	SUPERVISOR'S & TITLE	STARTING & ENDING DATE (Month & Year)	Total Hours

EMPLOYER NOTIFICATION:

I wish to have my current employer notified of my registration: no yes- If yes and your current employer are not indicated above, complete the following:

Agency Name:
Attention:
Phone: () extension
Fax: () Email:

DECLARATION: I hereby declare that the information contained on this application and any attachment hereto is accurate to the best of my knowledge and belief. I understand that I will be charged an additional \$40 for a return check fee.

Signature of Applicant: _____

Date: _____

Return completed form & Fee (made payable to CBRPC) to: CBRPC PO Box 2137 Fallbrook CA 92088

Keep a copy for your records.