

California Board of Recreation and Park Certification, Inc

Established in 1954 Non-Profit Corporation December 2010

P.O. Box 900489 Palmdale CA 93590-0489 V: 661 538-1332 F: 661 274-8600 Email: cbrpc@roadrunner.com Website: cbrpc.org

MEMO

DATE: June 2016

TO: Therapeutic Recreation Fieldwork/Internship Agency

FROM: CBRPC

SUBJECT: FALL 2016 AGENCY RENEWAL & PAYMENT FORMS

Complete the following information and payment fee form and return to: CBRPC Office postmarked **no later Friday of August 16, 2016 to avoid the late fee.**

FEE: SEE PAYMENT FORM

Renewals received after that deadline date to expiration date will be considered late and will be required to pay the late fee.

REQUIRED DOCUMENTATION AND FEE (review and complete attachments): If paying by credit card- you can fax renewal information to: 661-274-8600 or email as a pdf file to cbrpc@roadrunner.com

If paying by check or money order- complete the payment form- mail the check to: cbrpc PO Box 900489 Palmdale CA 93590-0489 and send renewal forms as pdf file to cbroc@roadrunner.com or fax 661-274-8600

PREFERRED: pdf file

IMPORTANT READ CAREFULLY:

Renewal applications **postmarked after the deadline date will be required to pay a late fee** and will not be processed until the fee is paid- there are no exceptions. Renewals received after certificate expiration date March 31st, 2014 are considered expired and will have to go through the new agency application process.

Minimum number of required Internship hours: **600 hours. Agencies can require more hours, but not less.**

FALL 2016 FIELDWORK/ INTERNSHIP AGENCY RENEWAL & PAYMENT FORMS



AGENCY IDENTIFICATION <i>complete all areas</i>				
Agency Name				
CBRPC Agency Certification number:		Therapeutic Recreation Unit(s):		
Address				
City		State		Zip Code
Phone (include area code) Extension#			Fax (include area code)	
Email:				
Name of State Certified Therapeutic Recreator/Recreation Therapist				
CA Board of Recreation & Park Required Certification: RTC # -T Nationally Certified? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Cell Phone (include area code):		SETTING: <input type="checkbox"/> Clinical <input type="checkbox"/> Community <input type="checkbox"/> Other:		
Recreation Therapy Interns students required to complete a minimum number of weeks and total hours:				
POPULATIONS AGENCY PROVIDES SERVICE TO (Check all that apply)				
<input type="checkbox"/> Active Seniors	<input type="checkbox"/> Brain/head Trauma	<input type="checkbox"/> Forensic/Prisons/Detention	<input type="checkbox"/> Physical Rehab	
<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> CVA	<input type="checkbox"/> Hospice	<input type="checkbox"/> Public School Students	
<input type="checkbox"/> Abused	<input type="checkbox"/> Developmental Disabled	<input type="checkbox"/> Mental health conditions	<input type="checkbox"/> Sex offenders	
<input type="checkbox"/> Acute Care	<input type="checkbox"/> Deaf/hearing impaired	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Sexually Transmitted Diseases	
<input type="checkbox"/> Blind/visually Impaired	<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Oncology	<input type="checkbox"/> Youth at risk	
AGES AGENCY SERVES (Check all that apply)				
<input type="checkbox"/> birth to 2 years <input type="checkbox"/> 3 to 7 <input type="checkbox"/> 8-12 <input type="checkbox"/> 13-18 <input type="checkbox"/> 19-64 <input type="checkbox"/> 65 and above				
TRAINING DATA FOR YEAR (if you had no interns, please state that)				
Name of Intern Trainee		University Affiliation (Name)		Dates of Experience
<p>PERSONNEL: All personnel listed in this section must be currently CBRPC certified or eligible, be employed full time (30 hours a week) and have been employed full time in therapeutic recreation for two years or more. (CBRPC eligible means person has applied to CBRPC and has been approved to sit for the RTC exam) On line A, list qualified staff member with the primary responsibility for coordinating the student training program. On line B, list all other qualified staff members who will supervise internship/fieldwork TR students. On line 3 list all other qualified staff members who will supervise internship/fieldwork students. Indicate certification status by checking appropriate space and attach proof of current certification status for all personnel listed. Attach a "Personnel Qualification Form" for all personnel listed below.</p>				
Name	Title	CBRPC RTC #	If not currently certified CBRPC Eligible	Total yrs /T Work experience
A.		-T	<input type="checkbox"/> Yes; date expected to be certified: <input type="checkbox"/> No	
B.		-T	<input type="checkbox"/> Yes; date expected to be certified: <input type="checkbox"/> No	
C.		-T	<input type="checkbox"/> Yes; date expected to be certified: <input type="checkbox"/> No	
D.		-T	<input type="checkbox"/> Yes; date expected to be certified: <input type="checkbox"/> No	
Agency will use services of a preceptor: <input type="checkbox"/> No <input type="checkbox"/> Yes. <i>If yes, attach a preceptor application form. Note: If a preceptor has been used during the year, a "Preceptor's Annual Report" is required. Preceptors may be used for a total of 2 years, after that the RT at the facility/agency must be state certified.</i>				
CERTIFICATION: I hereby certify that this application indicated all changes in personnel and certification status occurring during the past year. I further certify that there have not been changes in the services/programs provided by our agency; the clients/consumers served the content of our training program or any other element affecting our approval status with CBRPC.				
Name:		Title:		
Signature:		Date:		

REQUIRED DOCUMENTATION AND FEE: Review and complete payment form **DEADLINE: August 19, 2016**

Fall 2016 AGENCY RENEWAL PAYMENT INFORMATION

Name of Renewal Agency: _____

Print Clearly



CREDIT CARD/CHECK/MONEY OREDR FEES	Check that apply	Amount
RT Internship Agency Renewal (check)		\$ 75.00
RT Internship Agency Renewal (check) LATE PAYMENT FEE applies June 24- August 19, 2016		\$131.00
  CREDIT CARD PAYMENT (includes \$5 processing fee)		Amount
RT Internship Agency Renewal (credit card)		\$ 80.00
RT Internship Agency Renewal (credit card) LATE PAYMENT FEE applies June 24- Aug. 19, 2016		\$136.00
TOTAL AMOUNT PAID		\$

CHECK/ CASHIER'S or MONEY ORDER PAYMENT:

Payment by Check/Money Order # _____ (attach/enclose check/money order) Make payment to: CBRPC

Or

CREDIT CARD PAYMENT- please check one:

 OR 

Card Number:
Credit Card Expiration Date:
Cardholder Name:
Cardholder Signature:
Cardholder Address: _____
Cardholder phone number:
Date of completion:

Renewal application and credit card payment form can be fax 661-274-8600

PERSONNEL QUALIFICATION FORM

To be completed and returned with Renewal Application Form for each new staff working with RT Interns and for all other staffs that have completed the form last year- complete section indicated is changed since last year- see below)
 (Make more copies as needed)

Name of Agency/Organization
Employment Status with Agency/Organization
<input type="checkbox"/> Full time (30 hours or more a week) <input type="checkbox"/> Part time (29 hours a week or less)
Certification Status- staff supervising and working with RT Interns must have state and national certification
CBRPC Recreation Therapist Certified # _____ -T Expiration date: _____

EDUCATION Are there changes since last year? No, do not complete this section Yes, complete below

Degree	Major	University	Graduation Date

WORK EXPERIENCE (list 5 yrs. of TR Employment beginning with most current- can attach a resume/vitae to supplement the information, but **NOT** as a replacement for any of information requested)
 Are there changes since last year? No, do not complete this section Yes, complete below.

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

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

Name:
Title:
Signature:
Dated:

Make additional copies as needed and keep a record on your computer

THERAPEUTIC RECREATION INTERNSHIP CONFIRMATION FORM

(Please print or type clearly)

Student's Full Name:		
Mailing Address:		
City:	State:	Zip Code:
Email:		
Date of Birth:	Cell Phone (include area code):	
University:		
University Faculty Advisor's Name:		
Phone (include area code):	Email:	
Date Internship began: / /	Date Internship Completed: / /	Total hours completed:
Agency/Organization Name:		
Program/Unit/Department:		
Certified Recreation Therapy Supervisor's Name:		
Title:		
Recreation Therapy Certification numbers: CBRPC -T expiration date: / /		
CBRPC Agency Placement Certification Number (found on your agency certificate):		expiration:
IMPORTANT: If agency is not currently a certified agency, it must obtain certification or be ineligible for TR Interns. Preceptor can be utilized for a maximum of 2 years. One or more of the agency staff must become State certified to be eligible for the agency to become certified for recreation therapy students within the state of CA.		

Agency RTC Representative Verifying Internship Experience:

I _____ declare that the information provided above are accurate and true.

Signature: _____

Certification: CBRPC # -T Expiration:	NCTRC # Expiration
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Dated: _____ Agency Utilized a Preceptor- attach form

PRECEPTOR APPLICATION FORM

To be qualified as a Preceptor, the Recreation Therapist 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.

1. **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 make contact with 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:
 - f) 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.
 - g) Signature of preceptor on the Therapeutic Recreation Internship Confirmation Form.
 - h) Reviewing and signing the agency's annual renewal application to be submitted to the CBRPC.

Name of Agency/University Seeking Approval:

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Preceptor:

Full Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone (include area code):	Cell (include area code):	
Email:		
CBRPC Recreation Therapist Certification #	-T Expiration date:	
Name of Agency where currently employed:		
Address:		
City:	State:	Zip Code:
Number of years with agency:	<input type="checkbox"/> Clinical <input type="checkbox"/> Community <input type="checkbox"/> Other	
Position/Title:		
Work (include area code):		
Email:		

DECLARATION: I certify that I understand and agree to fulfill the role of the preceptor described therein for the agency/university indicated above. I further understand that I will provide a written annual report at the conclusion of the RT/TR internship to CBRPC and the agency/university via email and or hard copy. I understand it is important for me to keep a record of the report in my files.

Preceptor's Signature
Dated: