

## **RTC Previously Certified Re-Entry Policy**

### **Goal of Certification:**

The basic purpose of the Board's certification program is to assure the general public and employing agencies of the competence of recreation and park personnel by certifying that they meet the prescribed standards. The Recreation Therapist Certificate is designed to certify that an individual is qualified by education and experience to conduct and administer therapeutic recreation services.

Recreation Therapist Certified previously certified through our board has already proven they are qualified, sat and passed the exam. To re-enter as a CBRPC Recreation Therapist Certified the following requirements must be completed:

### **CEU's /Contact hours earned must be related to the profession**

**-2.0 CEU'S or 20 hrs MUST BE DATED WITHIN 2 years;** for exact dates email: [cbrpc@roadrunner.com](mailto:cbrpc@roadrunner.com)

**-1 contact hour = 0.1 CEU. 10 contact hours= 1.0 CEU 20 contact hours= 2.0**

**-SAFETY RELATED COURSES cannot exceed .5 CEU's.** (E.g. CPR, FA, PRO ACT, CPI, MAB, Water Safety, Fire Safety, Back Safety, Basic Infection Control, Disaster Emergency Triage, etc)

**-CORRESPONDENCE and ON-LINE LEARNING COURSES limited to 1.0 CEU or 10 contact hours.**

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

**-LANGUAGE COURSES limited to 1.0 CEU/10 contact hours.**

**-WRITTEN PUBLICATIONS** (books, articles, thesis, dissertations)  
**Proof** must be submitted and applied once.

Limit 1.0 CEU's or 10 contact hours for **approved author** of current published text book/ Thesis & Dissertation during the 2 year cycle.

Authored published articles (co author not accepted) in professional magazines, newspapers related to the field during the cycle may not exceed .2 CEU's or 2 contact hours.

### **-PRESENTING A WORKSHOP OR GUEST LECTURE**

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

Repeating sessions or topics is not accepted during each 2 year renewal cycle

Must have written proof to include; date, time, location, number of hours, session title and verified signature; will not accept your signature as verification

**-ATTACH COPIES of CEU documentation and put in order of how they are listed on form**

**-CEU certificate/verification must include the following information (see example form below):**

1	CEU Provider # (sessions/workshops provided by ATRA/NRPA/CTRS not required)
2	Session title
3	Location/Date/Time & Name of Provider of workshop/institute/conference
4	Length of each session (1 hr/ 1.5 hrs/ 2 hrs/ 3 hrs etc.)
5	Verifying signature (monitor/person sponsoring the workshop/institute)
6	Your name on each of your CEU documents/certificates with number of CEU'S/Contract hrs awarded
7	Number of CEU's or Contact hours awarded

**CBRPC TR Knowledge Areas:**

1. Administration/Management	5. History/ Philosophy
2. Disability/Population Characteristics	6. Professionalism
3. Documentation	7. Programming
4. Legislation/ Patient/Consumer Rights	8. Treatment Modalities

**COMPLETED COLLEGE/UNIVERSITY COURSES**, attach a copy of the transcript to verify course work and final grade/audit credit & course title. Academic equivalents will be counted as follows:

**College University Quarter System**

1 unit	1.0 CEU'S	10 hours
2 units	2.0 CEU'S	20 hours
3 units	3.0 CEU'S	30 hours
4 units	4.0 CEU'S	40 hours

**FEE** (see payment form page 6)

**RE-ENTRY DEADLINES**

You may send your application and fee in at any time; however, your application will not be reviewed until the RRC Re-Certification Review Committee meets in June and December. The application and fee must be received no later than the following:

Spring Deadline	Fall Deadline
3 <sup>rd</sup> Friday in May (CEU's must fall within previous 2 yrs.) Call or email office for specific dates	3 <sup>rd</sup> Friday in November (CEU's must fall within previous 2 yrs.) Call office for specific dates

Application must be reviewed and approved by the RRC Re-certification Review Committee

**California Board of Recreation and Park Certification, Inc**

Established in 1954 Non-Profit Corporation Established December 10, 2010

P.O. Box 900489 Palmdale, CA 93590-0489 661-538-1332 F: 661-274-8600 Email: [cbrpc@roadrunner.com](mailto:cbrpc@roadrunner.com) Website: [cbrpc.org](http://cbrpc.org)

*California Certification Promotes Pride and Excellence in the Profession*

**RTC PREVIOUSLY CERTIFIED RE-ENTRY APPLICATION FORM**

(Please CLEARLY PRINT, except where signature is required)

<b>Date of Birth: Month: Day: Year:</b>				<b>RTC #</b>		<b>-T</b> (for verification attach copy)							
<b>Additional Current Certifications-</b> check all that apply: <input type="checkbox"/> CTRS <input type="checkbox"/> CPRP <input type="checkbox"/> RC				<b>Are you currently employed in the field?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Employed in the field;</b> 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				<b>How many years have you been working in the field?</b>									
<b>Present Job Title:</b>				<input type="checkbox"/> N/A									
<b>Is this position considered:</b> <input type="checkbox"/> Entry Level <input type="checkbox"/> Supervisory Level <input type="checkbox"/> Management Level <input type="checkbox"/> Administrative <input type="checkbox"/> Educator <input type="checkbox"/> Self-Employed <input type="checkbox"/> N/A Unemployed <input type="checkbox"/> Other; briefly explain													
<b>Check all that apply:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> PhD <input type="checkbox"/> other: explain													
<b>Name University qualifying degree:</b>				<b>Degree Earned:</b>									
<b>Option/Specialization:</b>				<b>Month/Year:</b>									
<b>CURRENT LAST Name:</b>			<b>FIRST Name:</b>			<b>Middle Initial:</b>							
<b>CURRENT Mailing Address:</b>						<b>Apt/Unit/Space #</b>							
<b>City &amp; State</b>						<b>Zip Code</b>							
<small>Include area codes</small>													
<b>Home:</b>			<b>Cell:</b>			<b>W:</b>							
<b>CURRENT Email:</b>													
<b>CULTURE: Check all that apply directly to you</b>													
<input type="checkbox"/>	White or Caucasian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Guamanian	<input type="checkbox"/>							
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Mien	<input type="checkbox"/>							
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Other Pacific Islander	<input type="checkbox"/>	Laotian	<input type="checkbox"/>							
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>							
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Latino	<input type="checkbox"/>							
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Other:	<input type="checkbox"/>							
<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Unknown/ Not Reported	<input type="checkbox"/>							
<b>RTC INCOME:</b>													
<b>Please check your current (approximate) hourly rate of pay</b> (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)													
<input type="checkbox"/>	\$5-9	<input type="checkbox"/>	\$21-24	<input type="checkbox"/>	\$35-39	<input type="checkbox"/>	\$50-54	<input type="checkbox"/>	\$65-69	<input type="checkbox"/>	\$85-89	<input type="checkbox"/>	\$95-99
<input type="checkbox"/>	\$10-14	<input type="checkbox"/>	\$25-29	<input type="checkbox"/>	\$40-44	<input type="checkbox"/>	\$55-59	<input type="checkbox"/>	\$70-74	<input type="checkbox"/>	\$75-79	<input type="checkbox"/>	\$100
<input type="checkbox"/>	\$15-20	<input type="checkbox"/>	\$30-34	<input type="checkbox"/>	\$45-49	<input type="checkbox"/>	\$60-64	<input type="checkbox"/>	\$80-84	<input type="checkbox"/>	\$90-94	<input type="checkbox"/>	\$125 +

**Declaration** (This must be signed to complete process)

I hereby declare the information contained and any attachments are accurate and true to the best of my ability.

<b>Signature:</b>	<b>Date:</b>
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**CBRPC RTC Previously Certified Re-Entry Payment Form**

Must be completed and return with form(s)

FEES- Posted by Deadline Date	Check All that apply	Amount
RTC PCRE (payment by check or money order)		\$ 275.00
RTC PCRE (payment by credit card includes processing fee)		\$ 280.00
<b>Total Enclosed</b>		\$

**PAYMENT INFORMATION**

Check one:

I will pay with a check/money order:

Check enclosed Check/MO # \_\_\_\_\_ : (attach to form)  
 Make check payable to: CBRPC

I will pay with a Credit Card Check one:



(Payment includes a processing fee)

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

Mail completed **ALL** completed forms to: CBRPC PO Box 900489 Palmdale CA 93590-0489

California Board of Recreation and Park Certification, Inc  
**RTC Previously Certified Re-Entry Proof of 2.0 CEU's for past 2 years**

Print clearly and complete all information and list CEU's in order; send copies ONLY

<b>Full Name:</b>	<b>RTC # :</b>	<b>-T</b>
<b>Employer:</b>		

**Client/Consumer Population(s) Served** (check all that apply):

<input type="checkbox"/> Abused	<input type="checkbox"/> College/University Students	<input type="checkbox"/> Hospice Care	<input type="checkbox"/> Sex Offenders
<input type="checkbox"/> Acute Care	<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Sexually Transmitted Diseases
<input type="checkbox"/> Aged	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Special Education Students
<input type="checkbox"/> Alzheimer's /Dementia	<input type="checkbox"/> Forensic/Prisons/Detentions	<input type="checkbox"/> Oncology	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Blind/Visual Impairments	<input type="checkbox"/> Head Trauma/Injury	<input type="checkbox"/> Physical Rehab.	<input type="checkbox"/> Youth at Risk
<input type="checkbox"/> CVA	<input type="checkbox"/> HI/Deaf	<input type="checkbox"/> Public School Students	<input type="checkbox"/> Other:

Session Title	Session Sponsor	CEU Provider & ID#	Date	Length Of Session	Knowledge Area Code	Number of CEU's Awarded	RRC USE

Session Title	Session Sponsor	CEU Provider & ID#	Date	Length Of Session	Knowledge Area Code	Number of CEU's Awarded	RRC USE

Session Title	Session Sponsor	CEU Provider & ID#	Date	Length Of Session	Knowledge Area Code	Number of CEU's Awarded	RRC USE
University/College Course Title	University/College	# of units	Dates of course	Instructor	Knowledge Area Code	Attached transcript?	RRC USE