

California Board of Recreation and Park Certification, Inc

Established in 1954

California Certification Promotes Pride and Excellence in the Profession

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

RTAR-RECREATION THERAPIST ASSISTANT REGISTRATION APPLICATION

GOALS OF REGISTRATION:

The basic purpose of the Board's registration program is to assure the general public and employing agency of the competence of recreation and park 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 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.
- ◆ **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. **If you have already been registered as RTAR- just complete application top portion and**

Declaration and mail it in with your payment

APPLICATION DEADLINE DATES:

SPRING	FALL
The last Friday in January	The 3rd Friday in August

FEES AND REFUND POLICY:

The **Application Fee**: must accompany the application. *This fee is none refundable.* Checks returned by bank for insufficient funds will be charged an additional \$40 and thereafter pay by money order.

The **Renewal Fee** is every two years. A certificate holder not receiving a renewal notice should contact the CBRPC office immediately to assure that records are up-to-date. Make Check or money order payable to: CBRPC

RENEWAL FEE EVERY TWO YEARS
CPRS Member \$75

Mail application & payment fee form to: CBRPC, Inc P.O. Box 900489 Palmdale CA 93590-0489

1. Please provide all information requested on the application form. Type or print all information clearly.
2. Please advise the CBRPC office of any change of name, address (including e-mail) and phone number.
3. **Questions- Call 661- 538-1332 or Email: cbrpc@roadrunner.com**

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RTAR-RECREATION THERAPIST ASSISTANT REGISTRATION APPLICATION FORM

IDENTIFICATION			
Name:			
Mailing Address			
City:			
State:	Zip Code:	Date of birth:	/ /
Phones- include area codes			
Home:	Cell:		
Fax:			
E-mail:			
Name of records if different from above:			
Your Ethnicity: Please check all that apply.			
<input type="checkbox"/>	White or Caucasian	<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Korean
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Other Pacific Islander
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Samoaan
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Other Asian
<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>		<input type="checkbox"/>	Guamanian
<input type="checkbox"/>		<input type="checkbox"/>	Latino
<input type="checkbox"/>		<input type="checkbox"/>	Mien
<input type="checkbox"/>		<input type="checkbox"/>	Laotian
<input type="checkbox"/>		<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>		<input type="checkbox"/>	Other:
<input type="checkbox"/>		<input type="checkbox"/>	Unknown/ Not Reported

IMPORTANT: Read everything very carefully before completing this application.

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
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Degree (if applicable):	College/University:
Major:	Minor:

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)						

3. 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 want my current employer notified of my registration: no yes- If yes and your current employer are not indicated above, complete the information below

Agency Name:

Attention:

Include area codes

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.

Signature of Applicant

Date

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**Maintain a file and keep a copy for your records.

California Board of Recreation and Park Certification, Inc
RECREATION THERAPIST ASSISTANT REGISTRATION PAYMENT FORM

Printed Full Name:
Name of Agency:

Print all information clearly

CREDIT CARD/CHECK/MONEY ORDER FEES	Check that apply	Amount
Recreation Therapist Assistant Registration Application	\$	85.00
Payment by Credit Card additional \$5.00 processing fee	\$	5.00
TOTAL AMOUNT TO BE PAID	\$	

Check One:


 

Card Number:		
Expiration Date:		
Cardholder Name:		
Cardholder Signature:		
Cardholder Address:		Apt.
City:	State:	Zip Code:
Card Holder Signature:		
Date:		

Mail completed application & payment form to: CBRPC, Inc PO Box 900489 Palmdale CA 93590-0489

PAYMENT MADE BY CHECK OR MONEY ORDER DOES NOT REQUIRE A PROCESSING FEE

Attach Check/Money Order Made Payable to:		
CBRPC, Inc		
In the Amount of: \$	Check #	Money Order#

Updated: 3/10/11