

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

Recreational Therapy

Select one:

- Therapeutic Recreational Technician (TRT)
- Therapeutic Recreational Specialist (TRS)
- Master Therapeutic Recreational Specialist (MTRS)

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Drivers License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Drivers License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date _____

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility (<i>domestic or foreign</i>) in any jurisdiction or on probation/parole in any jurisdiction?*

***NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions 9,10,11 or 12 you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

PROFESSIONAL EDUCATION

***Note:** If applying as a TRT, you must list your High School/GED program in addition to the facility where your TRT training was completed. "Degree Received" may be left blank if no degree was conferred.

Name of School: _____ Location: _____

Date Enrolled: _____ Date of Graduation/Completion: _____ Degree Received: _____

Name of School: _____ Location: _____

Date Enrolled: _____ Date of Graduation/Completion: _____ Degree Received: _____

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:

- Yes No a hospital or health care facility
 Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 Yes No malpractice insurance coverage
 Yes No other entity: _____

2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:

- Yes No a hospital or health care facility
 Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 Yes No malpractice insurance coverage
 Yes No other entity: _____

3. Is any action pending against you now by:

- Yes No a hospital or health care facility
 Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 Yes No malpractice insurance coverage
 Yes No other entity: _____

4. Yes No Have you been named as a defendant in a malpractice suit?

5. Yes No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

If you answered "Yes" to question 4 you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www.npdb.hrsa.gov>.

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

VERIFICATION OF TRT EDUCATION

Only TRT Applicants need to submit this form. All sections of this form should be completed by the MTRS Instructor.

Section 1: Student Information

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

Section 2: Education Information

Name of MTRS Instructor: _____ License Number: _____

Name of Facility: _____

Facility Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ Email: _____

Describe the educational setting (*private practice, governmental entity, school, licensed health facility, non-profit, etc*):

Dates of Attendance: _____ to _____
MM/DD/YYYY MM/DD/YYYY

This document is to attest that the applicant has successfully completed 90 hours or 6 semester hours of educational training in therapeutic recreation as outlined in Section R156-40-302a(3) of the Recreational Therapy Practice Act Rules.

Signature of MTRS Instructor: _____ Date: _____

NOTE: If you are an out-of-state supervisor, you must also attach a copy of your state license or NCTRC Certification and current resume.

VERIFICATION OF TRT PRACTICUM EXPERIENCE

Only TRT Applicants need to submit this form.

Section 1: To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

Section 2: To be completed by the MTRS or TRS supervisor.

Name of Supervisor: _____ **License Number:** _____

Name of Facility: _____

Facility Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Describe the employment setting (*private practice, governmental entity, school, licensed health facility, non-profit, etc*):

Were both you and the applicant working in the same employment setting where the experience hours were obtained?

Yes No, please explain: _____

How many face-to-face consultation hours were conducted? _____

Dates of Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

This document is to attest that the applicant has successfully completed 125 hours of experienced training in therapeutic recreation, including a minimum of 20 hours of direct face to face supervision of programming in , documentation and treatment intervention completed over a duration of not more than nine months as outlined in Section R156-40-302b(3) of the Recreational Therapy Practice Act Rules.

Signature of MTRS or TRS Supervisor: _____ **Date:** _____

NOTE: If you are an out-of-state supervisor, you must also attach a copy of your state license or NCTRC Certification and current resume.

VERIFICATION OF TRS EXPERIENCE

Only MTRS Applicants need to complete this form.

NOTE: You must have each employer complete a separate form, and the hours from all forms must total 4,000.

Section 1: To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number: _____ **Is the applicant a :** TRS CTRS (by NCTRC)

Section 2: To be completed by the supervisor.

Name of Supervisor: _____ **License Number:** _____

Name of Facility: _____

Facility Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Dates of Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

How many hours per week did the applicant work? _____ Part time Full Time

Describe the duties and responsibilities of the TRS: _____

Were both you and the applicant working in the same employment setting where the experience hours were obtained?

Yes No, please explain: _____

Is the applicant currently employed with the facility? Yes No

If no, is the applicant re-hirable? Yes No, Please explain: _____

This document is to attest that the applicant has been actively engaged in legal practice as a licensed CTRS and/or TRS in the State of Utah. The applicant has completed the hours of paid experience as a TRS or CTRS by NCTRC listed above.

Signature of Supervisor: _____ **Date:** _____

NOTE: If you are an out-of-state supervisor, you must also attach a copy of your state license or NCTRC Certification and current resume.

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

THERAPEUTIC RECREATIONAL TECHNICIAN

The following items are required to complete your application:

- \$70.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires. See pages 2 and 3 of the application for more information.
- Copy of your GED, high school diploma or transcripts
- Verification of TRT Education form (*page 4 of this application*) completed by your instructor.
- Verification of TRT Practicum Experience form (*page 5 of this application*) completed by your supervisor.
- Pass the Utah TRT Theory Examination. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the examination. Submit the fees directly to the testing agency.

THERAPEUTIC RECREATIONAL SPECIALIST

The following items are required to complete your application:

- \$70.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires. See pages 2 and 3 of the application for more information.
- Official transcripts documenting completion of an approved bachelor's or graduate degree in therapeutic recreation, a bachelor's or graduate degree with an approved emphasis in therapeutic recreation or a bachelor's or graduate degree with approved additional course work in therapeutic recreation after graduation. **NOTE:** *Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.*
- A Copy of your National Council for Therapeutic Recreation Certification. For more information, contact NCTRC directly (www.nctrc.org). *See *Temporary TRS* if you are applying prior to passing the NCTRC.

TEMPORARY THERAPEUTIC RECREATIONAL SPECIALIST

If applying for **Temporary TRS**, in addition to the items required above, you must submit:

- \$50.00 non-refundable application-processing fee, made payable to "DOPL".
- In lieu of your NCTRC, complete the "Affidavit of Supervision for Temporary TRS" form (*page 6 of this application*)

MASTER THERAPEUTIC RECREATIONAL SPECIALIST

The following items are required to complete your application:

- \$70.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires. See pages 2 and 3 of the application for more information.
- Official transcripts documenting completion of an approved master's degree. **NOTE:** *Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.*
- A Copy of your National Council for Therapeutic Recreation Certification. . For more information, contact NCTRC directly (www.nctrc.org).
- Verification of TRS Experience form (*page 7 of this application*) completed by your TRS or CTRS supervisor. **NOTE:** *You must have each employer complete a separate form, and the hours from all forms must total 4,000.*

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741