

### 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: \_\_\_\_\_

**Driver License  
or State ID**

Card: \_\_\_\_\_  
*State of Issue License Number Expiration Date*

**NOTE:** If you do not hold a US Driver 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*):

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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.



## AFFIDAVIT OF SUPERVISION FOR TEMPORARY TRS

Temporary licensure is an optional license for TRS applicants only. Once approved, individuals may practice under the supervision of a TRS or MTRS while waiting to take the NCTRC Examination. This form only needs to be completed by individuals applying for temporary licensure. See the checklist at the end of this application for additional instructions.

### Section 1: To be completed by the applicant.

**Full Legal Name:** \_\_\_\_\_  
First Middle Last

**Mailing Address:** \_\_\_\_\_  
Street/PO Box City State/Zip

- I understand that I must meet all requirements except passing the NCTRC examination before applying for a TRS and Temporary TRS license.
- I understand that I must have registered for the NCTRC examination prior to applying for the TRS and Temporary TRS license.
- I understand that a temporary license may be issued for only 120 days and cannot be renewed.
- I understand that I must practice under the supervision of a Utah Licensed TRS or MTRS, and that I cannot begin practice until the temporary license has been issued and must cease working once it expires.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Section 2: To be completed by the supervising TRS/MTRS:

**Name of Supervisor:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Name of Facility:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_  
Street/PO Box City State/Zip

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

As the TRS or MTRS Supervisor, I attest to the following:

- I have read the Recreational Therapy Practice Act and Rules and understand my responsibilities as a supervisor.
- I have verified that the applicant has met all the requirements for licensure except passing the NCTRC Examination.
- I have verified that the applicant has been approved to sit for the NCTRC Examination.
- I will ensure that the applicant, when approved for temporary license, works under my supervision as defined in R156-40-102(9).
- I understand that it is unlawful to permit the applicant to continue to engage in recreational therapy services under my supervision on an expired temporary license.
- I understand that I am responsible for the recreational therapy services performed by the temporary TRS and I will approve the treatment plans as well as any modifications to the treatment plans.

**Signature of MTRS or TRS Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to the applicant to submit with their application. Do not begin supervision until the applicant has been approved for a temporary license.**

**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](http://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](http://www.nctrc.org)). *\*See Temporary TRS if you are applying prior to passing the NCTRC.*
- Documentation of a two-hour suicide prevention training course.

### 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](http://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.*
- Documentation of a two-hour suicide prevention training course.

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, 1<sup>st</sup> 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

If you have questions, feel free to contact the Division via our direct email address, [b3@utah.gov](mailto:b3@utah.gov), or via the phone or fax listed below.